

S. No. 2
4-5-42
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3292**
Registrar's No. **13**

Registration District No. **313**

Primary Registration District No. **6060**

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St Clair**

(b) City or town **Collins Rural Washburn**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St Clair**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Ellen Clegg**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Mark Clegg** 6. (c) Age of husband or wife if alive **92** years

7. Birth date of deceased **12 12 1867**
(Month) (Day) (Year)

8. AGE: Years **75** Months **0** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Hillsborough Indignial**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **S Watts**

13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ellen Miller**

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Clegg**

(b) Address **Rosco Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12 27 42**
(Month) (Day) (Year)

(c) Place: burial or cremation **Rosco Cem**

18. (a) Signature of funeral director **Fred Wilkinson**

(b) Address **Clinton Mo**

19. (a) **Dec 21 1942** (b) **Nela Smith**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **25** year **1942** hour **1** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Dec 23** 19**42** to **Dec 25** 19**42** that I last saw her alive on **Dec 25** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**

Duration **4 days**

Due to **probably Influenza** 10 days

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **Roscoe C Neums** (M. D. or other) **MD**
Address **Summersville Mo** Date signed **12-25-42**

1154

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1945

RECEIVED

District Health Officer No. 7¹/₂

District File Number 12-42-1471

Date Filed 1-14-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Fred W. Wilkerson

Licensed Embalmer No.

7498

P. O. Address

Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.