

X29484

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7132

State File No.

Registrar's No. 27

FILED MAR 10 1943
Registration District No. 251

Primary Registration District No. 3048

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Clearmont, Mo. (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether years, months or days)

In this community Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Clara Elsie Holbrook

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Holbrook

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: November 29, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	2	15	hr. -- min.

9. Birthplace: Atlantic Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Jacob Ergenbright

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

14. Maiden name Unknown

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

16. (a) Informant George Holbrook

(b) Address Clearmont, Missouri

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 2/16/43
(Month) (Day) (Year)

(c) Place: burial or cremation Braddyville, Ia.

18. (a) Signature of funeral director Marysville Mo

(b) Address _____

19. (a) 2-15-43
(Date received local registrar)

(b) Mary Coile
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Clearmont, Missouri (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: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 1943 year. 1030 hour. 14 minute. A M.

21. I hereby certify that I attended the deceased from 6 to 43 1943 that I last saw her alive on Feb 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Melanotic Cancer (Sarcoma)

Due to Cancer of sigmoid Colon

Due to _____

Other conditions: 46
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place)

23. Signature W.R. Jackson (M. D. or other) _____

Address Marysville Date signed 2-15-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Wm L Gee

Licensed Embalmer No. 2539

P.O. Address Mayville

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Mayville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
H. Francis Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institutions 3 wks
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Clearmont, Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clara Elsie Holbrook

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 Mar

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov 29
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 29 If less than one day min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day M.
year 1943 hour minute

21. I hereby certify that I attended the deceased from 19.....
that I saw him/her alive on 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

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)

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

While at work? (Specify type of place) (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

MOTHER FATHER

SUPPLEMENTARY

7132