

Registration District No. 5855

Primary Registration District No. 5855

Registrar's No. 81

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

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Barnard Rural White Cloud Township
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Barnard (Rural)
 (d) Street No. 4 miles west of Barnard
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lottie A. Cliser
 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 widowed
 6. (b) Name of husband or wife Thomas Edgar Cliser 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 5 1871
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 23 hr. min.

9. Birthplace Near Salem Ill
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business Joseph Gilbert

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Dale Thrasher
 (b) Address Barnard Missouri

17. (a) (Burial, cremation, or removal) burial (b) Date thereof 5-30-43
 (Month) (Day) (Year)
 (c) Place: burial or cremation Salem cemetery

18. (a) Signature of funeral director Funeral home
 (b) Address Maryville Mo

19. (a) 5-29-43 (b) Mary Caine
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 28 year 1943 hour 18 minute 10

21. I hereby certify that I attended the deceased from May 22 1943 to May 28 1943 that I last saw or alive on May 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure due to a long standing Pernicious Anaemia

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

While at work _____ (Specify type of place) or Means of injury _____

23. Signature Chas. P. Bell (M. D. or other) May 28 1943
 Address _____ Date _____

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..... *J. W. Lee*

Licensed Embalmer No. *2539*

P. O. Address..... *Marionville*

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.

Registration District No. 251

Primary Registration District No. 5855

Registrar's No. 81

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

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 40yr.
years, months or days

3. (a) PRINT FULL NAME Lottie A. Culiser
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W
 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 5-1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days _____
(Less than one day) min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {
 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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Nodaway
 (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? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 28 Year 1943 Hour _____ Minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration _____
 Due to a long standing pernicious anemia.
 Due to Heart failure due to
Coronary Thrombosis.
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 940

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? _____

23. Signature Chas. T. Bell (M. D. or other) _____
(Specify type of place) (a) Means of injury
 Address _____ Date signed _____

S-12534