

FILED OCT 19 1943

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Eldorado Springs
(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 _____ years, months or days)

3. (a) PRINT FULL NAME CHARLE C CLAWSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased Dec 1 1865
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>77</u> | <u>9</u> | <u>14</u> | _____ hr. _____ min. |

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name W. E. Clawson

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

14. Maiden name Kellie Bly

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

16. (a) Informant Elmer Clawson

(b) Address A 2 Eldorado Springs Mo

17. (a) 9-16-43 (b) Date thereof 9-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Dell

18. (a) Signature of funeral director George Under

(b) Address Eldorado Springs Mo

19. (a) 9/16/43 (b) J. S. Dismore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Eldorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 112 W Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1943 hour 4 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 13 1943, to Sept 15 1943
that I last saw him alive on Sept 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to _____

Due to _____

Other conditions (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) (e) Means of injury _____

23. Signature W. E. Dawson (M. D. or other)
Address Eldorado Springs Date signed 9-15-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number

9-43-1045

Date Filed

10-13-43

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.....

W.P. Gorman

Licensed Embalmer No.

2034

P. O. Address

Edwards Office

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.