

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3696

Registration District No. 374

Primary Registration District No. 62734547

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Grant City, Missouri
(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 1
(Specify whether

In this community 1
years, months or days)

3. (a) PRINT FULL NAME Jennie Angeline Clouse

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 Clearance Clouse 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Dec 30 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 9 13 3 hr. 3 min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Francis Russel Canady
13. Birthplace Gentry County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Effie Smith
15. Birthplace Worth County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clearance Clouse
(b) Address Grant City Mo.

17. (a) Burial (b) Date thereof Oct 16 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City Cemetery

18. (a) Signature of funeral director John Andrews Jr.
(b) Address Grant City Mo.

19. (a) Oct 18 - 43 (b) Adlene Schilder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 113
(c) City or town Grant City Mo.
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13
year 1943 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____

_____ 19____ to _____ 19____;
that I last saw her alive on 10 - 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic myocarditis
Rheumatic Fever

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 Blutley Headen (M. D. or other)

Address Grant City, Mo.

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

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.....

John Andrews Jr....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *4214*

P. O. Address. *Grant City 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.