

FILED JAN 11 1944

Registration District No. **99**

Primary Registration District No. **5291**

Registrar's No. **99**

1. PLACE OF DEATH:

(a) County **Rural Liberty Mo**  
(b) City or town **Liberty Mo**  
(c) Name of hospital or institution **J.O.O.F. Home Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **13 years**  
(Specify whether years, months or days) **13 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Liberty Mo**  
(c) City or town **Liberty Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Route #2**  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **CAROLYN M. CLANGES**

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

4. Sex **Female** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years

7. Birth date of deceased **Dec. 24 - 1861**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **11** Days **27** If less than one day hr. min.

9. Birthplace **West Middlesex Pa. 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Graduate Nurse**

11. Industry or business **None**

12. Name **Granby B. Clanges**

13. Birthplace **Pa. 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Lytel**

15. Birthplace **Pa. 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul B. Rogers**

(b) Address **Liberty Mo**

17. (a) **Rural** (b) Date thereof **Dec 22 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **J.O.O.F. Cem. Liberty Mo**

18. (a) Signature of funeral director **Chas. W. Wacker**

(b) Address **Liberty Mo**

19. (a) **12-21-43** (b) **Deleat Early**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **21**  
year **1943** hour **7** minute **-** AM.

21. I hereby certify that I attended the deceased from **Mar 1**, 1942 to **Dec 21**, 1943  
that I last saw her alive on **Dec 21**, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death **Senile Dementia ?**  
Due to **General Atherosclerosis ?**

Due to **None**  
Other conditions (include pregnancy within 3 months of death) **None**

Major findings: Of operations **AM**  
Of autopsy **None**

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) **None**  
(b) Date of occurrence **None**  
(c) Where did injury occur? **None**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **None**

While at work? (Specify type of place) (e) Means of injury **None**

23. Signature **Burton Mattheis** M.D. or other **M.D.**  
Address **Liberty Mo** Date signed **21-12-43**

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

RECEIVED

District Health Officer No. 87

District File Number

Date Filed

15-10-44

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 Edgar Tucker  
Licensed Embalmer No. 3311  
P. O. Address Liberty 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.