

FILED FEB 9 1944
255

Registration District No. _____

Primary Registration District No. 5877

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Alton, Route 1 Piney Twp.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Alton (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 Edith Juline Clapp

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 Single

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

7. Birth date of deceased Dec. 7 1928
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 0 22 hr. min.

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

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER
12. Name Luke Clapp
13. Birthplace Oregon County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emma Johnson
15. Birthplace Oregon County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Clapp
(b) Address Alton, Mo.

17. (a) Burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cave Spring Cem.

18. (a) Signature of funeral director See Carr

(b) Address Thayer, Mo.

19. (a) 1/15 1944 (b) Henry M. Wallace
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1943 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec. 25, 1943, to Dec. 29, 1943;

that I last saw her alive on Dec. 24, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Rel.
Duration 18 days

Due to Branch Pneumonia 5 days

Due to Coughs due by asthma but know

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) (e) Means of injury _____

23. Signature Edith Clapp (M. D. or other) _____
Address Alton, Mo. Date signed _____

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

25
0
0

25

1

18 days

5 days

33a

1115

Edith

RECEIVED

District Health Officer No. 5,

District File

Date Filed

244/27
2-7-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.