

FILED APR 13 1944

Registration District No. 734

Primary Registration District No. 4208

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

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Cainsville
(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 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Cainsville
(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 _____

3. (a) PRINT FULL NAME THOMAS CANADY CLAMANDS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace M. Clamands 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 30 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 22 _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Joseph Clamands
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Olivia Ann Lemax
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Grace M. Clamands
(b) Address Cainsville, Missouri.

17. (a) Burial (b) Date thereof March 24 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oaklawn Cemetery

18. (a) Signature of funeral director _____
(b) Address Cainsville, Missouri.

19. (a) 3-25-1944 (b) S. Pha Shaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1944 hour 10 minute 21 M.

21. I hereby certify that I attended the deceased from Sept. 1st 1940, to March 22 1944;
that I last saw him alive on March 22 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Atrophic Cirrhosis of Liver
Duration 6 yrs.

Due to _____

Due to _____

Other conditions Bronchial Asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 124 P1

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? _____

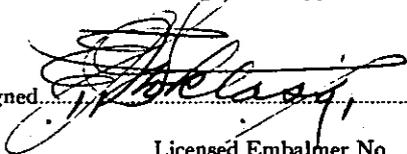
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. S. Huff (M. D. or other) _____
Address Cainsville Mo Date signed 3-27-44

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, by.....

Eddie J. Stoklasa....., Registered Apprentice No.
working under my personal supervision.

Signed .....

Licensed Embalmer No. 3602.....

P. O. Address Cainsville, Missouri......

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.