

No. 2
-2-43
17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11774

State File No.

FILED APR 12 1944

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mineral Springs Hospital
(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

Harrison Clavel

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Clara Mills 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased May 10, 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 21
If less than one day hr. min.

9. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Wm Reley Clavel

12. Name Wm Reley Clavel

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

14. Maiden name Mary Kinney

15. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Clavel, daughter

(b) Address Rt 3, Louisiana, Mo

17. (a) Burial (b) Date thereof 4-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Johns Chapel Pike Co Mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
(c) City or town Ashburn
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH, day 31
year 44, hour 9, minute 15 A.M.
21. I hereby certify that I attended the deceased from MAR 4
1944 to MAR 31, 1944
that I last saw her alive on MAR 31, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary thrombosis
Due to cardiovascular renal hypertension
Duration 1/2 hrs.
Due to 2 yrs.

Other conditions (include pregnancy within 3 months of death)
1310
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 [Signature] (M. D. or other) _____
Address Louisiana Date signed MAR 31

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

MOTHER FATHER

1169

(Licensed Embalmer's Statement on Reverse Side)

44

RECEIVED

District Health Officer - No. 10

District File Number 4-44-757

Date Filed APR 11 1944

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

George O. Wagner, Registered Apprentice No. _____
working under my personal supervision.

Signed

George O. Wagner
Licensed Embalmer No. 3775

P. O. Address Louisiana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.