

FILED APR 6 1944

Registration District No. 374

Primary Registration District No. 627-L4560

1. PLACE OF DEATH:

(a) County North  
(b) City or town Sheldon Mo (Union)  
(If outside city or town limit, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(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 George Alfred Claver

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Mary C Hardin 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Aug 8 1856  
(Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Widow Maker

11. Industry or business \_\_\_\_\_

12. Name George B Claver

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

14. Maiden name Labina Albin

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Claver

(b) Address Tulsa Oklahoma

17. (a) Burial (b) Date thereof Mar 28 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Mo

18. (a) Signature of funeral director John J. Anderson

(b) Address Sheldon Mo

19. (a) Mar 29 44 (b) Arline Scadden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North

(c) City or town rural - Sheldon Mo  
(If outside city or town limit, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 24  
year 1944 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Thrombus instant.

Due to \_\_\_\_\_

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 Arch C. Dunfee, Coroner  
(Mr., Dr., or other)

Address Grant City, Mo. Date signed 3-27-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed \_\_\_\_\_

*Arch C. Dumble*

Licensed Embalmer No. 3252

P. O. Address Lebanon 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, above space should be left blank.