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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17961

FILED JUN 9 1944

State File No. _____

Registration District No. 117

Primary Registration District No. 4186

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan
(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 21 Years. (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Eugene B. Clonts

3. (b) If veteran, name war NO

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 Nettie M. Clonts

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 17, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Retired Merchant

11. Industry or business Mercantile

12. Name Alberton Clonts.

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

14. Maiden name Elizabeth Rollins

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

16. (a) Informant Mrs. Nettie Clonts

(b) Address Sullivan, Missouri.

17. (a) Burial (b) Date thereof May 25, '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director W. P. Shaffer

(b) Address Sullivan, Missouri

19. (a) 5-24-44 (b) William L. Gillman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Sullivan
(If outside city or town limits, 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 May day 23
year 1944 hour 4 min. 50 A. M.

21. I hereby certify that I attended the deceased from May 15
to May 23, 1944
that I last saw him alive on May 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis and myocardial infarction.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1248

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) _____ (Means of injury)

23. Signature W. P. Shaffer (M. D. or other) _____
Address Sullivan, Mo. Date signed 5/28

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

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

6-8-44

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 W. Safford

Licensed Embalmer No.

3394

P. O. Address

Sullivan

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.