17962

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

Registration District No. 174

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 5432

Registrar's No. 18

1. PLACE OF DEATH:

(a) County: Franklin

(b) City or town: Sullivan, Rural (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 years, months or days)

In this community: 2 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Franklin 36

(c) City or town: Sullivan, Rural (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.

3. (a) PRINT FULL NAME: Mickey Clonts

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife:

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

7. Birth date of deceased: February 4, 1865. (Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 20 If less than one day hr. min.

9. Birthplace: Crawford Co. (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER 12. Name: Alfred Peters

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

MOTHER 14. Maiden name: Edgar

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

16. (a) Informant: Bert Clonts

(b) Address: Sullivan, Mo. R. # 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 26, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Butts, Mo.

18. (a) Signature of funeral director: Thos. P. Shoffner

(b) Address: Sullivan, Mo.

19. (a) 5-26-44 (Date received local registrar) (b) Gilbert Gilkeson (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 1940 to May 24, 1944 that I last saw him alive on May 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to: Senility

Due to:

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

Major findings: Of operations: 9321

Of autopsy:

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: R. P. Bryce (M. D. or other)

Address: Sullivan, Mo. Date signed May 26/44

(Licensed Embalmer's Statement on Reverse Side)

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. Laffoon

Licensed Embalmer No. 1-3394

P. O. Address Sullivan Mo

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

If this body is not embalmed, above space should be left blank.