

U.S. No. 2
DOM-5-43
Rev. 5-17-39
I X36871

FILED NOV 13 1944

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. **516**

49
1944
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2407 Fisher
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 years (Specify whether years, months or days)

In this community 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper #9

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 2407 Fisher
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Walter Allen Clogston Sr

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

3. (c) Social Security No.....

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

6. (b) Name of husband or wife Gladys Clogston 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased June 19 1898
(Month) (Day) (Year)

8. AGE: Years 46 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Artesia New Mexico
(City, town, or county) (State or foreign country)

10. Usual occupation Owner

11. Industry or business.....

MOTHER { 12. Name Annie Clogston

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

14. Maiden name Fattie Spencer

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

16. (a) Informant Mrs Gladys Clogston

(b) Address 2407 Fisher Joplin Mo

17. (a) Burial (b) Date thereof 10 30 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De home Mem

18. (a) Signature of funeral director Thomself Wilton

(b) Address Joplin Mo

19. (a) 10-29-44 (b) Gutierrez-Rudnicka
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1944 hour 11:00 minute 0 P. M.

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

that I last saw and last see him alive and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration.....

Due to Pulmonary tuberculosis

Due to.....

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

Major findings: 138

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? 3
(Specify type of place) (e) Means of injury

23. Signature A. Heblus (M. D. or other).....
Address Carthage Mo Date signed Oct. 29

44-11-866

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..... *Paula Shoultz*.....

Licensed Embalmer No. *3590*.....

P. O. Address *Joplin, 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, fact should be so stated above.