S. No. 2
M—8-43
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I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37730

Registration District No. 129 FILED DEC 13 1944

Primary Registration District No. 5450

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural Miller Township (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 Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

(c) City or town Rural - Miller Township (If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Clarissa Aerdella Mauring

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maschil Mauring

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased July (Month) 15 (Day) 1872 (Year)

8. AGE: Years 72 Months 3 Days 28 If less than one day hr. min.

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

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name Nathaniel Bird
13. Birthplace Mt Vernon (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Ida Stanley
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Lloyd Mauring

(b) Address Albany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/44 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Clifford Burke

(b) Address Albany, Mo

19. Nov. 15-1944 (Date received local registrar) (b) Amos M. Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 12 year 1944 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from Nov 4 — 1944, to Nov 12 1944 that I last saw her alive on Nov 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93 e

Major findings:
Of operations

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 Frank H Rose (M. D. or other) M

Address Albany Mo Date signed 11-12-44

1108

(Licensed Embalmer's Statement on Reverse Side)

JUL 20 19

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed C. Clifford Burks

Licensed Embalmer No. 5329

P. O. Address Albany 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.