

0.2.  
8-43  
5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38389**  
Registrar's No. **41**

FILED DEC 12 1944

Registration District No. **236**

Primary Registration District No. **4352**

1. PLACE OF DEATH:

(a) County **MORGAN**  
(b) City or town **VERSAILLES MO**  
(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) **1**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **LIFE TIME** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **MORGAN**  
(c) City or town **VERSAILLES MO**  
(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 **ANNA J. CLODFELTER**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **EDWARD CLODFELTER** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **JAN 25 1866**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **9** Days **26** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **MORGAN CO MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

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

12. Name **METHEBE GATTERMEIR**

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

14. Maiden name **ANNA J. WINKLER**

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

16. (a) Informant **Mrs G. J. Gunn**

(b) Address **Versailles MO**

17. (a) **BURIAL** (b) Date thereof **11-23-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VERSAILLES CEMETERY**

18. (a) Signature of funeral director **W. F. Smith**

(b) Address **Versailles MO**

19. (a) **11-22-1944** (b) **Ray Berpater**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **21<sup>ST</sup>**  
year **1944** hour **9** minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from **Jan 1 1944** to **Nov 21 1944**  
that I last saw him alive on **Nov 21st 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death, **arterial sclerosis** Duration **2 yrs**

Due to **97**  
Due to \_\_\_\_\_

Other conditions **Senile dementia** **9 mos**  
(Include pregnancy within 3 months of death)

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)  
(c) Means of injury \_\_\_\_\_

23. Signature **A. J. Gunn** (M. D. or other) \_\_\_\_\_  
Address **Versailles MO** Date signed **11-22-44**

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

7110

1029

MAR 2 1945

NOV 14 1945

RECEIVED  
District Health Officer No. 7,  
Market File Number 11-44-1297  
Filed 12-18-44

NOV 16 1945

JUL 9 1945

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 *J. T. Caldwell*

Licensed Embalmer No. 1546

P. O. Address *Missville, 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.