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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40856

FILED JAN 15 1945

Registration District No. 6

Primary Registration District No. 4107

Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Springs
(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 1
(Specify whether
In this community 1 year
years, months or days)

3. (a) PRINT FULL NAME Mark Clegg
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Ellen Clegg
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased December 1850
(Month) (Day) (Year)

8. AGE: Years 93 Months 11 Days 10
If less than one day hr. min.

9. Birthplace Thornhill England
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business

MOTHER FATHER {
12. Name Unknown
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant George Clegg
(b) Address El Dorado Springs Missouri

17. (a) Burial (b) Date thereof 12-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roscoe Cemetery

18. (a) Signature of funeral director Osceola Funeral Home

(b) Address Osceola Missouri

19. (a) 12/9/44 (b) L J. Danney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Brownington
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th
year 1944 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from Dec 3rd, 1944 to Dec 9, 1944;
that I last saw him alive on Dec 3, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to
Due to
Other conditions (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 C. H. Kunderworth (M. D. or other) D.O.
Address El Dorado Spgs Date signed 12-9-44

1046

RECEIVED

District Health Officer No. 7

Blvd. 211, St. Louis, Mo. 12-44-1546

Date Filed 1-13-45

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 *James B. ...*

Licensed Embalmer No. 3038

P. O. Address *Osceola 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.