V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
Bureau of the Census

FILED FEB 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7052

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 283

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

1408

1. PLACE OF DEATH:

(a) County ST FRANCOIS

(b) City or town RURAL - RANDOLPH TWP
(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. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST FRANCOIS

(c) City or town RURAL - FRANKCLAY
(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 CLARA B. WARRN

3. (b) If veteran, name war NO

3. (c) Social Security No. —

4. Sex F

5. Color or race W

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ W

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 15 (Day) 1873 (Year)

8. AGE: Years 71 Months 8 Days 13 If less than one day hr. min.

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

10. Usual occupation —

11. Industry or business —

FATHER

12. Name ROBERT WOODS

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

MOTHER

14. Maiden name MARY WILLIAMS

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

16. (a) Informant JAMES WOODS

(b) Address WORTHAM, MO.

17. (a) Jan Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 1945 (Month) (Day) (Year)

(c) Place: burial or cremation FRANKCLAY, MO.

18. (a) Signature of funeral director J. S. Boyer & Son

(b) Address Leadwood Mo.

19. (a) Feb 2 1945 (Date received local registrar) (b) Donna Coleman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany day 28 year 1945 hour 13 minute A.M.

21. I hereby certify that I attended the deceased from Dec 4 1944 to Jany. 28 1945; that I last saw him alive on Jany 27 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	4 days
Due to: Influenza	1 wk
Other conditions (Include pregnancy within 3 months of death): 37	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. W. Gale (M. D. or other)

Address Bismarck Mo. Date signed 2/1/45

1373

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 245-276

Date Filed 2-20-45

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 Melvin Miller, Registered Apprentice No. 367, working under my personal supervision.

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.