

**1. PLACE OF DEATH:**  
 (a) County Ozark  
 (b) City or town Boil, rural Noble 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. 2 months, 20 days  
 In this community 2 months, 20 days  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Ozark  
 (c) City or town Boil, Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. .... (If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country. 0

**3. (a) PRINT FULL NAME** Claudie Louise Piland

**MEDICAL CERTIFICATION**

**3. (b) If veteran,** name war No  
**3. (c) Social Security** No. None

**20. DATE OF DEATH:** Month Feb. day 10  
 year 1945 hour 10 minute 20 A. M.

**4. Sex** Female **5. Color or race** White  
**6. (a) Single, widowed, married,** divorced Single  
**6. (b) Name of husband or wife** ..... **6. (c) Age of husband or wife if** .....  
 alive ..... years

**21. I hereby certify that I attended the deceased from** .....  
 ....., 19....., to ....., 19.....;  
 that I last saw h..... alive on .....  
 and that death occurred on the date and hour stated above.

**7. Birth date of deceased** November 20, 1944  
 (Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	<u>0</u>	<u>1</u>	<u>20</u>	..... hr. .... min.

Immediate cause of death  
Broncho pneumonia  
 Due to whooping cough  
 Due to .....

**9. Birthplace** Boil, Missouri  
 (City, town, or county) (State or foreign country)

Other conditions  
 (Include pregnancy within 3 months of death)

**10. Usual occupation** Child

**11. Industry or business** .....

**PHYSICIAN**

**12. Name** Lynn Piland  
**13. Birthplace** Boil, Missouri  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Ora Wallace  
**15. Birthplace** Hammond, Missouri  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations .....  
 Of autopsy .....

**16. (a) Informant** Lynn Piland  
**(b) Address** Boil, Missouri  
**17. (a)** Burial **(b) Date thereof** 2-11-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Thornfield

**22. If death was due to external causes, fill in the following:**

**18. (a) Signature of funeral director** Clinkingbeard Funeral Ho  
**(b) Address** Ava, Missouri  
**19. (a)** 2-11-45 **(b) Margaret Hitchman**  
 (Date received local registrar) (Registrar's signature)

**23. Signature** M. C. Gibson (M. D. or other)  
**Address** Boil, Mo **Date signed** 2-11-45

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

7  
0  
0

RECEIVED

District Health Officer No. 6,

District File Number 345-323

Date Filed MAR 19 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 *W.B. Luthman*  
Licensed Embalmer No. *3431*  
P. O. Address *Ora 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.