S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 11 1945

Registration District No. 3 58

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10860

Primary Registration District No. 6 2 1

Registrar's No. 8

1. PLACE OF DEATH:

(a) County: VERNON

(b) City or town: ~~Harwood~~ RR
(If outside city or town limits, write "RURAL" and name of township)

(c) ~~Name of hospital or institution~~: Rural Bacon Twp
(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: Missouri (b) County: Vernon

(c) City or town: Harwood "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. 8 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Clement Horatio Stearns

3. (b) If veteran, name war: ✓

3. (c) Social Security No. ✓

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Ella May Stearns

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

7. Birth date of deceased: Dec (Month) 1 (Day) 1864 (Year)

8. AGE: Years 80 Months 3 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace: Fairmount (City, town, or county) Ill (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business .....

FATHER
12. Name: Alonzo Stearns
13. Birthplace: Clinton Co (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Sarah Catlett
15. Birthplace: Charlottsville Va (City, town, or county) (State or foreign country)

16. (a) Informant: Leslie Stearns

(b) Address: Lohell City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 15-1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Lohell City Cemetery

18. (a) Signature of funeral director: Owen Gaines

(b) Address: Harwood Mo

19. (a) Mar 14-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 13 year 1945 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan. 18, 1945 to March 13, 1945; that I last saw him alive on March 10, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature: J. B. Stokes, (M. D.)

Address: Harwood, Missouri Date signed 3/14/45

1232 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 3-45-327
Date Filed 4-10-45

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.....

Licensed Embalmer No. 2709

P. O. Address Harwood, 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.