S. No. 2
0M—2-43
v. 5-17-39
I X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1945

State File No. 37330

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 177

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (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 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Clinton (If outside city or town limits, write "RURAL")
(d) Street No. 513 E Franklin St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EWA-ELIZABETH-GLASON
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George A. Clason
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased July (Month) 20 (Day) 1899 (Year)
8. AGE: Years 46 Months 3 Days 27 If less than one day ... hr. ... min.
9. Birthplace Shelby Nebr (City, town, or county) Nebr (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
FATHER 12. Name William H. Brown
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Katherine Kane
15. Birthplace New york City (City, town, or county) N. Y (State or foreign country)
16. (a) Informant Dr. George A. Clason
(b) Address Clinton Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Loup City Neb
18. (a) Signature of funeral director [illegible]
(b) Address [illegible]
19. (a) Nov-16-45 (Date received local registrar) (b) R. R. Kinney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14 year 1945 hour 2:45 minute A. M.
21. I hereby certify that I attended the deceased from 1944, 19..., to Nov 15, 1945
that I last saw her alive on Nov 14, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar pneumonia — Duration
Due to Acute nephritis
Due to Carcinoma of pelvis uterus Rectum bladder
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 4/8
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 Gus S. Wetzel (M. D. or other) DO
Address Clinton Mo Date signed Nov 15, 45

1402

(Licensed Embalmer's Statement on Reverse Side)

...ister No. 7,
...11-45-1180
...Filed 12-6-45

AUG 12 [illegible]

FEB 21 1950

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. 241

P. O. Address Clinton Me.

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.