

FILED APR 3 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 130

Primary Registration District No. 5462 H

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Route 1 Strafford
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 1 Strafford, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME IRMA LEE CLOUSE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas D. Clouse 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 6 1930
(Month) (Day) (Year)

8. AGE: Years 15 Months 5 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Floyd Rogers
13. Birthplace Webster Co, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elsie Johnson
15. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Rogers

(b) Address Strafford, Mo.

17. (a) Burial (b) Date thereof 3-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parish

18. (a) Signature of funeral director Blank

(b) Address 534 St. Louis Street

19. (a) Mar. 29-1946 (b) Hauste Greier
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Route 1 Strafford, Missouri
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____
by physician, no attendance, 19____
that I last saw _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Fracture skull & crushed chest

Due to R.R. crossing accident

Due to Passenger in automobile struck by engine

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 39
(b) Date of occurrence March 23 1946
(c) Where did injury occur? Strafford Greene Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad crossing

While at work? no (Specify type of place) (e) Means of injury R.R. Engine

23. Signature Murray C. Stone (M. D. or other) _____

Address Springfield Mo Date signed 3-25-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8057

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APR 11 1946

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 Lewis G Scherpf
Licensed Embalmer No. 3802
P. O. Address Springfield, 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.