

Registration District No. 69

Primary Registration District No. 4120

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Clever  
(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 all of life (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Clever  
(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 Mrs. Plina Werner

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Werner 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased August, 16, 1876  
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Sam Estes /

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

14. Maiden name Milicenia Steele

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

16. (a) Informant C. C. Estes /  
(b) Address Clever, Mo.

17. (a) burial (b) Date thereof June 23, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Carmel

18. (a) Signature of funeral director T.W. Maples  
(b) Address Clever, Mo.

19. (a) June 23, 1946 (b) Mrs. Allene Brewer  
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1946 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 4, 1946 to June 19, 1946  
that I last saw her alive on June 19, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary artery disease  
Chronic nephritis  
Atherosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: B/K  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury D

23. Signature R.W. Marshall (M. D. or other) D.O.  
Address Billings, Mo. Date signed 6/21/46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

18658

RECEIVED

District Health Officer No. 6,

District File Number 746-732

Date Filed JUL 9 - 1946

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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, ~~\_\_\_\_\_~~.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed J. W. Maples.....

Licensed Embalmer No. 2985.....

P. O. Address Clever, 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.**