

FILED / 3rd 11 1946

Registration District No. **301** Primary Registration District No. **5523**

Registrar's No. **42**

1. PLACE OF DEATH:

(a) County **Hickory**
(b) City or town **Rural - Green**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Hickory** **43**
(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Hickory Co.** **0**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME **Clara ANN LaRose**

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 **Widowed**

6. (b) Name of husband or wife **Joe LaRose** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov-28** **1872**
(Month) (Day) (Year)

8. AGE: Years **73** Months **5** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **Texas** **1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **UNKNOWN** **9**

13. Birthplace **UNKNOWN** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN** **18**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ralph LaRose** **1**

(b) Address **Nemo, MO.**

17. (a) **Burial** (b) Date thereof **5/28/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nemo Cemetery**

18. (a) Signature of funeral director **Vaughan-Rider**

(b) Address **Urbana, MO.**

19. (a) **Issued 1-1946** **U. P. Hargiss**
(Date received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **27** year **1946** hour **14** minute **30** P. M.

21. I hereby certify that I attended the deceased from **May 13** to **May 27**, 19**46**, that I last saw her alive on **May 13**, 19**46**, and that death occurred on the date and hour stated above.

Immediate cause of death **Uremic poisoning** **12 day** Duration

Due to **Chronic nephritis** **2 yrs**

Due to **Senility**

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations **1318**

Of autopsy _____

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

(c) 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 **21**

23. Signature **C. P. Bailey** (M. D. or other) **18**

Address **Urbana, MO.** Date signed **May 27**

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

RECEIVED

District Health Officer No. 7,

District Number 6-46-693-

Date Filed 7-9-46

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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, 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.