S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

21405

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1946

State File No. 22540

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 19

1. PLACE OF DEATH:

(a) County: Wright

(b) City or town: Mountain Grove
(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 (Specify whether years, months or days)

In this community: 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Wright 114

(c) City or town: Mountain Grove 1
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME: James Columbus Clouse

3. (b) If veteran, name war: Civil War

3. (c) Social Security No.

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Margarette Clouse

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

7. Birth date of deceased: February (Month) 6 (Day) 1846 (Year)

8. AGE:

Years	Months	Days	If less than one day
100	4	22	hr. min.

9. Birthplace: Hamilton County (City, town, or county) Tennessee (State or foreign country) /

10. Usual occupation: Farmer-Stockman (retired)

11. Industry or business:

FATHER

12. Name: George Clouse

13. Birthplace: (City, town, or county) Tennessee (State or foreign country) /

MOTHER

14. Maiden name: Nancy Ann McInturff

15. Birthplace: (City, town, or county) Tennessee (State or foreign country) /

16. (a) Informant: Ray Clouse

(b) Address: Mountain Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 30, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Hill-Crest Cemetery

18. (a) Signature of funeral director: [illegible]

(b) Address: Mountain Grove Missouri

19. (a) 7-2-46 (Date received local registrar) (b) A. L. Ames (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1946 hour 9 minute 35 A. M.

21. I hereby certify that I attended the deceased from June 15 — 1946, to June 28 — 1946, that I last saw h. alive on June 28 — 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	
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 0

23. Signature: C. W. Fleming (M. D. or other)

Address: Mtn. Grove Mo. Date signed 6-29-46

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(Licensed Embalmer's Statement on Reverse Side)

JUL 24 1950

AUG 30 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 [signature]

Licensed Embalmer No. 3161

P. O. Address [illegible]

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.