

No. 2
1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24354

State File No.

FILED JUL 29 1946

Registration District No. 270

Primary Registration District No. 5768

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town RFD Cainsville
(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 in this community All life in Harrison and Mercer years, months or days) counties Missouri

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41
(c) City or town Cainsville 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Grace May Clamands

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 15 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 1 17 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name David Reeth

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

14. Maiden name Sarah Burns

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

16. (a) Informant Burns Clamands

(b) Address Cainsville, Missouri

17. (a) Burial (b) Date thereof June 4, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ca klaw Cemetery

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

(b) Address Cainsville, Missouri

19. (a) 7-6-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1946 hour 8 minute 10 PM.

21. I hereby certify that attended the deceased from March 1946 to June 2 1946
that I last saw her alive on June 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Saccharin Pills

Duration _____

Due to _____

Due to _____

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

Major findings: Of operations [Signature]

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? _____

While at work? (Specify type of place) _____
(e) Means of injury _____

23. Signature [Signature] (M: D: or other) _____
Address Cainsville, Missouri Date signed 6/3/46

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

DO NOT WRITE

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(Licensed Embalmer's Statement on Reverse Side)

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, by

Eddie J. Stoklass Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3602

P. O. Address Gainsville, Missouri

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.