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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37531

Registration District No. 169 Primary Registration District No. 5618 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Baring (rural) Greensburg
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

(c) City or town Baring (rural(
(If outside city or town limits, write "RURAL").

(d) Street No. One Mile North of Baring
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Arthur Albert Clouser

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Ethel Benner

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Oct - 15-- 1886 (Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Dawson, (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Benjamin Clouser
13. Birthplace Dawson (City, town, or county) Illinois / (State or foreign country)

MOTHER
14. Maiden name Mary M. Judd
15. Birthplace Dawson (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant Wilma Clouser
(b) Address Baring, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-29-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Linville-, Edina, Mo.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Mo.

19. (a) 11-30-46 (Date received local registrar) (b) Neil S. Hunsaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11/11/46, 1946, to 11/27, 1946; that I last saw him alive on 11/27, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to chr. myocarditis	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations (ND)
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 51

23. Signature C. C. Gibson (M. D. or other) 20
Address Edina Mo Date signed 11/27/46

(Licensed Embalmer's Statement on Reverse Side)

101

RECEIVED
District Health Officer No. 10
District File Number 12-46-223
Date Filed DEC 10 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina 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.