

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5238

State File No. _____

Registration District No. 157

Primary Registration District No. 5587

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(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 72 Years (Specify whether
In this community 72 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Jasper
(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)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th.
year 1947 hour Approx. 2 minute A- M.

21. I hereby certify that I attended the deceased from At time of death. to _____, 19____,
that I last saw her alive on Jan. 1947, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death Heart Bloc.
Coronary Occlusion.

Duration

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature: W. H. Knott M.D. (M. D. or other) _____
Address: Jasper, Mo. Date signed 2-10-47

3. (a) PRINT FULL NAME Etta Belle CLOUSER

3. (b) If veteran, name war No 3. (c) Social Security No. No

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 July 20, 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Edward P. Read

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

14. Maiden name Mary Heritage

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

16. (a) Informant Mr. Orlo Clauser

(b) Address Jasper, Mo.

17. (a) Burial (b) Date thereof 2-11-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 2-10-47 (b) R. B. Clinton M.D.
(Date received local registrar) (Registrar's signature)

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

Dr. Knott.

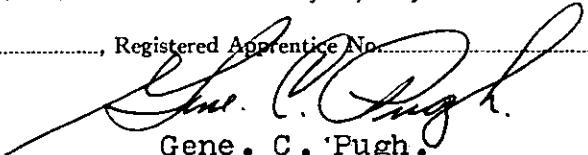
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

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

Signed 

Gene C. Pugh

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.