No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14238

Registration District No. 210 Primary Registration District No. S774 Registrar's No. 36

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Ravanna Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mercer 65
(c) City or town Rural 0
(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 no

3. (a) PRINT FULL NAME Missouri Clapham
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 widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 10, 1863 (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Martin Johnson 9
13. Birthplace unknown 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Prather
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Ray Clapham 1
(b) Address Mill Grove, Mo
17. (a) burial (b) Date thereof May 1, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ravanna
18. (a) Signature of funeral director Noel Moss
(b) Address Princeton, Mo
19. (a) 5-3-47 (b) Ivan Martin 100
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 47 hour 10 minute 45A M.
21. I hereby certify that I attended the deceased from Feb 15, 1947 to April 30, 1947
that I last saw her alive on April 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to arteriosclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 2
23. Signature [signature] (M.D. or other)
Address Harris Mo Date signed 5/1/47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Noel Frost

Licensed Embalmer No. 263X

P. O. Address Princeton 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.