

FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16365

Registration District No. 5

Primary Registration District No. 5028

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Aitchison
(b) City or town Rural, Dale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME JENNIE VIOLA CLOTFELTER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased August 15 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name John Waugh

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

14. Maiden name Berry Ellen Keffert

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

16. (a) Informant Dr. C. M. Waugh

(b) Address Larkie Missouri

17. (a) Burial (b) Date thereof 4/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near Fairfield Mo.

18. (a) Signature of funeral director Marion W. Schaefer

(b) Address Fairfax Missouri

19. (a) May 16-47 (b) Mrs. H. W. Cunningham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Aitchison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 mi. N.E. of Fairfield
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 27th year 1947 hour 4 minute 10 M.

21. I hereby certify that I attended the deceased from Feb 10 1947 to Apr 27 1947 that I last saw h 4 alive on Apr 27 1947 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial heart due to myocardial 3 yrs
new lobar pneumonia
& recurring

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none

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 Chas. Waugh (M. D. or other) _____
Address Larkie Mo. Date signed 4-28-47

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1967
5
ADM

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.....

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

Signed Marvin H. Schoeler

Licensed Embalmer No. 4167

P. O. Address Fairfax, 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.