S. No. 2
M—1/47
. 5-17-39

ENCLOSED

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 22 1947

Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23890

Primary Registration District No. 30-11

Registrar's No. 239

1. PLACE OF DEATH:
(a) County: Carroll
(b) City or town: Carrollton (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: 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Carroll
(c) City or town: Carrollton (If outside city or town limits, write "RURAL")
(d) Street No. / (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Sam M. Clater
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Basse
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: June (Month) 13 (Day) 1875 (Year)

8. AGE: Years 72 Months 4 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace: Unknown (City, town, or county) Virgina (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:

MOTHER FATHER
12. Name: Andrew Clater
13. Birthplace: Unknown (City, town, or county) Virgina (State or foreign country)
14. Maiden name: Rachel Heidrcker
15. Birthplace: Unknown (City, town, or county) Virgina (State or foreign country)

16. (a) Informant: Mrs. Sam Clater
(b) Address: Carrollton, Mo.
17. (a) Buiral (Burial, cremation, or removal) (b) Date thereof: 10/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cem.
18. (a) Signature of funeral director: Standley & Gibson
(b) Address: Carrollton, Mo.
19. (a) 10/18/47 (Date received local registrar) (b) Mrs. Herbert Calvert (Registrar's signature) 45

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16 year 1947 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Coroner's Cert 19..., to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Collapse of the heart	
Due to: (A) Senile Insufficiency due - age	
Due to: (B) Coroner's Cert. Dr. Stater had doctored him	
Other conditions: and is when second informant (Include pregnancy within 3 months of death)	

Major findings:
Of operations: B
Of autopsy: A

PHYSICIAN — Underline the cause of 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

23. Signature: Charles S. Rist (M.D. or other) Coroner
Address: Carrollton Mo. Date signed 10-16-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-21-47

OCT 28 1947

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.