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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 886

Registration District No. 133 | Primary Registration District No. 3027 | Registrar's No.

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bethany Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day (Specify whether years, months or days)

In this community Two years.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Harrison 41

(c) City or town Bethany (If outside city or town limits, write "RURAL") 1

(d) Street No. 1 (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clara Elizabeth Channell

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 Will Channell

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

7. Birth date of deceased Jan (Month) 20 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
79	11	20	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name ? Herbert ?

13. Birthplace do not know! (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name ? Maxey ?

15. Birthplace do not know Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mabel Bilnard

(b) Address Bethany Mo.

17. (a) Burial (Burial, cremation, or removal?) (b) Date thereof 1-17-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Hannibal Mo.

18. (a) Signature of funeral director S. M. Haas & Sons

(b) Address Bethany Mo.

19. (a) Jan. 29-48 (Date received local registrar) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1948 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 15 Nov 1948, 19..., to 15 Jan, 1948, that I last saw her alive on 15 Jan, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis — Duration hours.

Perforation of bowel — hours.

Due to

Due to Carcinoma Transverse Colon — 6 mo.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46 E

Of autopsy Perforation of bowel - Peritonitis

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 0

23. Signature Lewis P. Bunting (M. D.)

Address Bethany Mo. Date signed 1-15-48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.
FEB 14 194

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.....

Licensed Embalmer No. 3899

P. O. Address Bethany 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.