S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 13 1948

Registration District No. 324

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3072

State File No. 3617

Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Putnam Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 18 days (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Saline 97
(c) City or town: Marshall
(If outside city or town limits, write "RURAL")
(d) Street No.: 753 S. Lafayette 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: EDWIN BRUCE CLAUSON
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Elizabeth Lermann Clauson
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: July (Month) 27 (Day) 1872 (Year)

8. AGE: Years 75 Months 5 Days 15 If less than one day ... hr. ... min.

9. Birthplace: Saline County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Custodian
11. Industry or business:
FATHER
12. Name: Jacob Clauson
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mildred Clauson
(b) Address: Marshall Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ridge Park Cemetery Marshall Mo
18. (a) Signature of funeral director: Harry Herzberger
(b) Address: Marshall Mo
19. (a) Jan 13-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1948 hour 7 minute 00 A.M.
21. I hereby certify that I attended the deceased from 12-20- 1947 to 1-12- 1948 that I last saw him alive on 1-11- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastric Carcinoma	6 Mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: X
Of autopsy: X

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: H. Putnam (M. D. ~~or other~~)
Address: Marshall Mo Date signed 1-12-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 2-12-48

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 Joseph R. Mackler Registered Apprentice No. 43, working under my personal supervision.

Signed Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.