

FILED FEB 19 1948

Registration District No.

Primary Registration District No. 3004

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Lamar  
(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 41 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME DAVID ANDREW CLOUSER

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife May Nicholson Clouser 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased April 14 1857  
(Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 23  
If less than one day hr. min.

9. Birthplace St. Joseph, Missouri  
(City, town, or County) (State or foreign country)

10. Usual occupation Retired Miller

11. Industry or business

12. Name Daniel Clouser

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

14. Maiden name Elsie Noble

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

16. (a) Informant Mrs. May Clouser

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Feb 9 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery  
KONANTZ FUNERAL HOME

18. (c) Signature of funeral director Lamar, Missouri

19. (a) FEB 9 - 1948 (b) Marie Konantz  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Lamar  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7  
year 1948 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 29, 1948, to Feb. 7, 1948; that I last saw him alive on Feb. 6, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death  
arteriosclerotic heart disease  
arterial hypertension  
Bergrene left foot

Duration

4 days

Other conditions (Include pregnancy within 3 months of death)

urinary retention

Major findings Of operations

Of autopsy

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?

While at work (Specify type of place) (c) Means of injury

23. Signature Leun T. Bichel (M. D. or other) M.D.  
Address Lamar, Mo. Date signed 2/7/48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 6;  
District File Number 248-254  
Date Filed FEB 18 1948

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.....

Frank W. Denton

Registered Apprentice No. 7

working under my personal supervision.

Signed.....

Carl H. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.