S. No. 2
M—5-43
5-17-39
I X36671

ENCLOSED

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

MAR 11 1948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5752

Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 20

81

1. PLACE OF DEATH:

(a) County Phelps Arlington Twp

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

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

(d) Length of stay: In hospital or institution (Specify whether

In this community 2 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Jerome (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

3. (a) PRINT FULL NAME Albert Woodberry Clanin

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 Corine Esther Clanin

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Mar 1 (Month) (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	11	24	hr. min.

9. Birthplace Mine-La Motte (City, town, or county) Mo (State or foreign country)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Samuel Clanin
13. Birthplace (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Hanna Brown
15. Birthplace (City, town, or county) Ind. (State or foreign country)

16. (a) Informant M. H. Clanin
(b) Address 1036 Glendon Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Mo

18. (a) Signature of funeral director Lee Johnson
(b) Address Newburg Mo.

19. (a) 3-2-48 (Date received local registrar) (b) Nadine L. Stoll (Registrar's signature) 290

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from April 1, 1946 to Feb 25, 1948 that I last saw him alive on Feb 19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Mitral disease

Due to

Other conditions Hypertension (Include pregnancy within 3 months of death)

Major findings:
Of operations 92-B

Of autopsy

Duration

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 20

23. Signature Richard E. Myers D.O. (M. D. or other)

Address Newburg, Mo. Date signed Feb 26 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Officer,

County File Number _____
Date Filed 3-10-48

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

Signed Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.