No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28598

FILED AUG 18 1948

Registration District No. 831 Primary Registration District No. 6139 Registrar's No. 74

1. PLACE OF DEATH:
(a) County: Shelby
(b) City or town: Shelbyville - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(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) Life
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Shelby
(c) City or town: Rural
(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: ANNA CATHERINE CLAUSSEN
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: Married
6. (b) Name of husband or wife: William Claussen
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: May (Month) 12 (Day) 1881 (Year)
8. AGE: Years 67 Months 2 Days 20 If less than one day ✓ hr. ✓ min.
9. Birthplace: Shelby Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John Neuschafer
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Catherine Reinkemeier
15. Birthplace: Australia (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Claussen
(b) Address: Shelbyville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olive Cemetery
18. (a) Signature of funeral director: E. P. Thompson
(b) Address: Shelbyville, Mo.
19. (a) Aug 9-48 (Date received by local registrar) (b) Ruth Jeppen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1948 hour 11 minute 35 P.M.
21. I hereby certify that I attended the deceased from Apr-10, 1948, to Aug 2, 1948, that I last saw her alive on Aug 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of intestine
Rt. lower quadrant.
Due to: Was started on Mar 18-48
for carcinoma in lower colon
Due to: region a long time had
Other conditions: (Include pregnancy within 3 months of death) metastasis in Rt. lower quadrant

Major findings of operation: The operation was Primary Carcinoma
Of autopsy: 1/60

Duration

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) 0
While at work? (e) Means of injury

23. Signature: R. C. Crockett (M. D. ~~or other~~)
Address: Shelbyville Mo. Date signed: 8-3-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 8-48-145
Date Filed AUG-17-1948

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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.