

S. No. 300
OM-10-47
Rev. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 4 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39987**
Registrar's No. **43**

Registration District No. **74**

Primary Registration District No. **4234**

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton
(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 _____ (Specify whether _____)

In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron **47**

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

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

(e) Citizen of foreign country? no (Yes or No) **2**
If yes, name country _____

3: (a) PRINT FULL NAME Clara Belle Muffley

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 25 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 24
year 1948 hour 2 minute 45 P M.

21. I hereby certify that I attended the deceased from 12-10, 1948, to _____, 19 ;

that I last saw her alive on Dec 24, 1948 and that death occurred on the date and hour stated above.

8. **AGE:** Years - 81 Months 11 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation retired

Immediate cause of death Myocarditis

Due to Arterio Sclerosis

Due to _____

Other conditions Fracture - Labor
(Include pregnancy within 3 months of death)

Major findings: Myocarditis

Of operations _____

Of autopsy 938

MOTHER FATHER

11. Industry or business _____

12. Name Joseph Muffley **9**

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

14. Maiden name Mary Logan **11**

15. Birthplace Reynolds County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae Gay Schwab

(b) Address Ironton Missouri

17. (a) burial (b) Date thereof 12-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Missouri

18. (a) Signature of funeral director White Funeral Home

(b) Address Ironton Missouri

19. (a) 12-29-48 (b) Arno Jones **128**
(Date received local registrar) (Registrar's signature)

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 Arno Jones (M. D. or other) **MD**

Address Ironton Mo Date signed 12-29-48

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

7
1
0

RECEIVED

Health Officer No. 4

File Number 149-12

Date Filed 1-3-49

JAN 15 1954

JAN 2 1949

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 Amey White

Licensed Embalmer No. 7012

P. O. Address Centon, Ind.

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.