

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11670

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4507 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <i>Stone</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Stone</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Crane</i>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <i>Crane</i>	d. STREET ADDRESS (If rural, give location) <i>U</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <i>Clementine</i> b. (Middle) <i>Saltkill</i> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>March 22 1950</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 4 1852</i>
9. AGE (In years last birthday) <i>97</i> 10. IF UNDER 1 YEAR Months <i>10</i> Days <i>17</i> IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <i>Tenn</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Cora Stockton</i> ADDRESS <i>Crane Mo</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>491X</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchial Pneumonia</i>		
	II. OTHER SIGNIFICANT CONDITIONS <i>Senility</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 3, 1950*, to *March 22, 1950*, that I last saw the deceased alive on *March 21, 1950*, and that death occurred at *2:20 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Fred S. Hammond M.D.</i> (Degree or title)	23b. ADDRESS <i>Crane Mo.</i>	23c. DATE SIGNED <i>3-22-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3/23/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Masson Cemetery</i>
24d. LOCATION (City, town, or county) (State) <i>Crane Mo.</i>		

DATE REC'D BY LOCAL REG. <i>March 22-50</i>	REGISTRAR'S SIGNATURE <i>Lena Murray-Deg.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Loyce H. Marlowe</i> ADDRESS <i>Crane, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 7 1950
District Health Office No. 6,
District File Number 450-414
Date Filed 4-8-50

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, ~~as by~~

..... Student Embalmer No.

working under my personal supervision.

Signed George H. Manlove

Licensed Embalmer No. 3827

Signed.....
Student Embalmer

P. O. Address Crane 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.