

7-39
K23159

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31629

State File No.

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution Clinton General H. I.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 hours
(Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. 524 East Jefferson
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Made Rose Alspach

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24 year 1941 hour 11 minute 10 P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ira 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan 7 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 21, 1941 to Sept 24, 1941; that I last saw her alive on Sept 24, 1941; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>8</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death Chronic myocarditis

Duration unknown

9. Birthplace Johnson Co Mo
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation House work

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER

12. Name Henry B Duker

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

14. Maiden name Emma Snapp

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

PHYSICIAN

Major findings: none

Of operations none

Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant Ira Alspach

(b) Address Clinton Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Is

(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? none

17. (a) Removal (b) Date thereof 9-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Asceola Mo

While at work? _____
(Specify type of place) (e) Means of injury

18. (a) Signature of funeral director Consalus Beck

(b) Address Clinton Mo

19. (a) _____ (b) W. B. Baupfot
(Date received local registrar) (Registrar's signature)

23. Signature S. B. Hughes (M. D. or other) MD

Address Clinton, Mo Date signed 9/27/41

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 29 1957

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1780

Date Filed 10-14-41

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.....

J. E. Consalvis
.....
Licensed Embalmer No. 1891

P. O. Address.....
Clinton, 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.

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Registrar's No. _____

1. PLACE OF DEATH:

(a) County.....
(b) City or town.....
(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.....
In this community.....
years, months or days

*Henry
Clinton D*

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(d) Street No.....
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME

Maude R. Alspack

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex *J* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *m*
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased *Jan 7, 1874*
(Month) (Day) (Year)

8. AGE: Years *67* Months *8* Days *10* If less than one day min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) *9-26-41* (b) *Mr. J. P. Hampton*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept* Day *2* Year *1941* hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
that I have seen him/her alive on.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

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

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) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

MOTHER FATHER

SUPPLEMENTARY

S-31629 1941