

FILED MAR 5 1942

Registration District No. 347

Primary Registration District No. 3018

State File No.

Registrar's No.

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

1. PLACE OF DEATH

(a) County Henry
(b) City or town Clinton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
(c) City or town Clinton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 512 South Orchard
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLARENCE EVERETT DYER

3. (b) If veteran, name war WORLD WAR 3. (c) Social Security No. 497-14-3198

4. Sex M (0) 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 Sept 2 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Henry co. Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name C. H. DYER

13. Birthplace Don't know (no 1)
(City, town, or county) (State or foreign country)

14. Maiden name MARY BRIGGS

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

16. (a) Informant Mrs Emmett Cook
(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 2-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalvo & Peck
(b) Address Clinton Mo.

19. (a) Feb. 22, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1942 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from December 4, 1941 to Feb 20, 1942 that I last saw him alive on Feb 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Coronary sclerosis with angina pectoris

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

Major findings: none
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 D
23. Signature S. B. Hughes (M. D. or other MD)
Address Clinton Mo. Date signed Feb 23/42

Duration
Physician
Underline the cause to which death should be charged statistically.

1069

MAR 17 1942

MAR 5 1942

RECEIVED

District Health Officer No. 7.

District File Number 2-42-152

Date Filed 3-4-42

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. Gonzalez

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.