

S. No. 2
 OM-2-43
 5-17-39
 -1 X35597

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7284
 Registrar's No. 39

FILED MAR 8 1944
 137
 Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:
 (e) County Henry
 (b) City or town Clinton
 (c) Name of hospital or institution: 602 E Green
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 yrs
 In this community 2 yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 (c) City or town Clinton
 (d) Street No. 602 E Green
 (e) Citizen of foreign country? No
 If yes, name country 0

3. (a) PRINT FULL NAME Alice L. Garland
 3. (b) If veteran, name war ---
 3. (c) Social Security No. ---

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 8
 year 1944 hour 1 minute 15 A.M.
 21. I hereby certify that I attended the deceased from Feb 1
1944, to Feb 8 1944
 that I last saw her alive on Feb 6 1944
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 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: 2 (Month) 23 (Day) 1867 (Year)

Immediate cause of death: Chronic nephritis
 Duration 6 mo
 Due to ---
 Due to ---
 Other conditions: 131
 (Include pregnancy within 3 months of death)

8. AGE: Years 76 Months 11 Days 14 If less than one day --- hr. --- min.

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

10. Usual occupation: Housekeeper

11. Industry or business: ---

12. Name: John Garland

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

14. Maiden name: Unknown

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

16. (a) Informant: Mrs Therman Henry
 (b) Address: Clinton Mo

17. (a) Buried (b) Date thereof: 29 (Month) 44 (Year)
 (c) Place: burial or cremation: Windsor Cem

18. (a) Signature of funeral director: Fred Wilkinson
 (b) Address: Clinton Mo

19. (a) Feb 10 1944 (b) Georgia Kitchen
 (Date received local registrar) (Registrar's signature)

Major findings:
 Of operations ---
 Of autopsy ---

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: Al Schelker (M. D. or other) M.D.
 Address: Clinton Mo Date signed: 2-9-44

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

12
 1
 2

PHYSICIAN
 Underline the cause to which death should be charged statistically.

1069

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 3-44-200

Date Filed 3-4-44

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clenton Md

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.