

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11083

State File No. _____

FILED APR 12 1944
Registration District No. _____

Primary Registration District No. 3023

Registrar's No. 51

1. PLACE OF DEATH:

(a) County HENRY

(b) City or town Clinton

(c) Name of hospital or institution: Clinton General

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week

In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Olive M. Adair

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fe 5. Color or race wh

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

6. (b) Name of husband or wife Clay

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased 8-22-1870

8. AGE: Years 73 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Calhoun Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Guthridge

13. Birthplace Ohio

(City, town, or county) (State or foreign country)

14. Maiden name Mary Pigg

15. Birthplace Calhoun Mo

(City, town, or county) (State or foreign country)

16. (a) Informant Gene Adair

(b) Address Kansas City Mo

17. (a) Burial (b) Date thereof 3-7-44

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Engilwood

18. (a) Signature of funeral director Fred Wilkerson

(b) Address Clinton Mo

19. (a) March 7, 1944 (b) Georgia Kitchen

(Date received local registrar) (Registrar's signature)

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. 214 So main st

(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6 year 1944 hour 3 minute 15 PM

21. I hereby certify that I attended the deceased from March 1, 1944, to March 5, 1944

that I last saw her alive on March 5, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death.	Duration
<u>Acute Myocarditis with</u>	<u>5 days</u>
Due to <u>Acute Pulmonary Edema</u>	
Due to _____	
Other conditions <u>Hypostatic Pneumonia</u>	<u>2 days</u>
(Include pregnancy within 3 months of death)	
Major findings: <u>93a</u>	
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? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature J. R. Hallingford (M. D. or other) J. R. Hallingford

Address Clinton Mo Date signed 3/7/44

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

148
17-44

RECEIVED

District Health Officer No. 7
District File Number 3-44-475
Date Filed 4-11-44

1944 APR 21 AM

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 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.