

S. No. 2  
M-5-42  
5-17-39  
I X32873

22015

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 14 1945  
Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 148

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town CLINTON, CLINTON TWP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
603 BODINE 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NONE (Specify whether  
In this community 27 YRS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry 42  
(c) City or town Clinton (If outside city or town limits, write "RURAL") 1  
(d) Street No. 603 Bodine (If rural, give location) 2  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME CLARA R. FREDERICK

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex F 1 5. Color or race W  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife WALDO S. FREDERICK 6. (c) Age of husband or wife if alive 82 years  
7. Birth date of deceased JUNE 20 1870  
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 24 If less than one day  
hr. min.

9. Birthplace Warsaw - Ill 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business.....

MOTHER FATHER { 12. Name William Sack  
13. Birthplace St. Louis mo 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth R. Jacobs  
15. Birthplace Warsaw Ill 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Farrest Frederick  
(b) Address Clinton mo

17. (a) Burial (b) Date thereof July 16-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

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

(b) Address Clinton mo

19. (a) July 15 (b) M. J. Broverlee  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14  
year 1945 hour 6:40 minute A M.

21. I hereby certify that I attended the deceased from  
April 1945 to July 14 1945;  
that I last saw him alive on July 1 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chor. Myocarditis with Edema Duration 2 yr

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: 938  
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) While at work? (c) Means of injury.....

23. Signature A. A. Vansant (M.D. or other) M.D.  
Address Clinton mo Date signed 7-14-45

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

RECEIVED  
District Health Officer No. 7,  
District No. \_\_\_\_\_ number 7243820  
Date Filed 8-13-40

**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: W. A. Vansant  
Licensed Embalmer No. 3779  
P. O. Address: Clinton

**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.**