

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13797
Do not use this space.

REC'D MAY 9 1938

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Rau Primary Registration District No. 1002 Registered No. 1787
(c) City Russell City (d) Street No. 6028 East 16th Terrace St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Allie May Cluck 420
(a) Residence, No. Rockville Md. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Terry Cluck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 22, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 60 0 5

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER

13. NAME Terry Landon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Ank Terhuse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Terry Cluck
Rockville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockville Mo DATE April 28 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Lee
Appleton City Mo

20. FILED Apr 27, 1938 M. D. Cron
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1938, to April 27, 1938
I last saw h. or, alive on April 27, 1938 Death is said to have occurred on the date stated above, at Rockville Md.
The principal cause of death and related causes of importance were as follows:
Myocardial Sclerosis Date of onset _____

Other contributory causes of importance:
arterio Sclerosis

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. Henry George M. D.
(Address) 2418 Hubbard K.C. Mo

STATE OF OHIO
DEPARTMENT OF HEALTH
BUREAU OF HEALTH

2618 Cleveland
Rt. 6001
after 10 pm

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.