

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

11352
 Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
 (b) Township Aurora Primary Registration District No. 4280 Registered No. 29
 (c) City Aurora or Aurora (d) Street No. Aurora Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lois Mildred Clevenhagen

(a) Residence, No. S. Jefferson Ave. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julius Clevenhagen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 1 6

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

12. BIRTHPLACE (CITY OR TOWN) Aurora (STATE OR COUNTRY) Mo.

13. NAME Charles E Newcum.

14. BIRTHPLACE (CITY OR TOWN) Adair County (STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Mattie Jennings.

16. BIRTHPLACE (CITY OR TOWN) Aurora (STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs. C. E. Newcum (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE Apr. 2 1939

19. FUNERAL DIRECTOR (NAME) G. F. King (ADDRESS) Aurora Mo.

20. FILED 4-1 1939 R. D. Cowan M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1939

22. I HEREBY CERTIFY, That I attended deceased from March 6 1939 to March 31 1939

I last saw her alive on March 31 1939 Death is said to have occurred on the date stated above, at 4.00 P. M.
 The principal cause of death and related causes of importance were as follows:

Streptococcus
Infection of throat
lathyrus septifera
pneumonia
meningitis

Date of onset March 31

Other contributory causes of importance:

Name of operation None Date of
 What test confirmed diagnosis throat Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? no (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 no

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify (Signed) R. D. Cowan M. D.
 (Address) Aurora Mo.

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.

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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.....

Herman Harridge

Licensed Embalmer No. 3072.....

P. O. Address..... Aurora 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, above space should be left blank.