

FILED FEB 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH2639
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township Carthage Primary Registration District No. 3020 Registered No. 1
 (c) City Carthage (d) Street No. 1205 River St. 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 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Clair

(a) Residence, No. 1205 River St. 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
~~MARRIAGE~~ (OR) WIFE OF Matt Clair

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 6 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Ind.

FATHER 13. NAME Isaac Frezel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Jane Shouse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Rosie Reed
 (ADDRESS) 514 Miller St. Carthage

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Park Cemetery DATE Jan 6, 1940

19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home
 (ADDRESS) Carthage, Mo.

20. FILED Jan. 5, 1940 E. J. McEntire, M.D.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4- 19 40

22. I HEREBY CERTIFY, That I attended deceased from

19....., to 19.....
 I last saw her alive on January 4, 1940 Death is said

to have occurred on the date stated above at 4:00 p.m. 1-4-40
 The principal cause of death and related causes of importance were as follows:

Heart Attack

Date of onset

Other contributory causes of importance: 95W

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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?..... (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) A. H. Winchester, Coroner, M. D.(Address) Jasper, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 210-2185

Date Filed FEB 13 1940

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 *Edmund*.....

Licensed Embalmer No. 2722.....

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.