

FILED MAR 12 1940

Registration District No. **2**

Primary Registration District No. **4004**

Registrar's No. **44**

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Novinger
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home in Novinger 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 28 year _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Charles Clawson 425

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Ann Clawson 6. (c) Age of husband or wife if 64 years

7. Birth date of deceased January 1 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Lexington Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation coal mining

11. Industry or business coal mine

MOTHER FATHER { 12. Name William Clawson 1

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Mamie Myler

15. Birthplace Lexington Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Ann Clawson

(b) Address Novinger Mo.

17. (a) Burial (b) Date thereof 2-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cincinnati Iowa Pleasant Hill Cem.

18. (a) Signature of funeral director Deebley

(b) Address Northville Mo.

19. (a) March 1, 1940 (b) Spencer Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Novinger
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
year 1940 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 27
1936, to Feb 27 1940
that I last saw him alive on Feb 27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to _____

Due to _____

Other conditions arterial sclerosis
(Include pregnancy within 3 months of death) 20 yrs

Major findings: none

Of operations _____

Of autopsy _____

Duration 20 yrs

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) no

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J S Gashwell (M. D. or other) _____
Address Novinger Mo Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 2-40-586

Date Filed APR 8 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.....

Laura A. Riley

Registered Apprentice No.....

working under my personal supervision.

Signed Laura A. Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville 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.