S. No. 2
—11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19352

Registration District No. 218 — Primary Registration District No. 3015 — Registrar's No. 119

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr. Alex VanRavenswaay Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Week (Specify whether years, months or days)
In this community: Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cooper
(c) City or town: Boonville
(If outside city or town limits write "RURAL")
(d) Street No.: 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ——— years.

3. (a) PRINT FULL NAME: Mrs. Maude Edson.
3. (b) If veteran, name war:
3. (c) Social Security No. 489-16-1775
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Aug. 24th (Month) (Day) 1893 (Year)
8. AGE: Years 47 Months 1 Days 20 If less than one day hr. min.
9. Birthplace: Cooper County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife.
11. Industry or business:
FATHER 12. Name: J. P. Clawson.
FATHER 13. Birthplace: Ohio. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Ruth Cramer.
MOTHER 15. Birthplace: Missouri. (City, town, or county) (State or foreign country)
16. (a) Informant: Jim Clawson. Nephew
(b) Address: Boonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 15th/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Walnut Grove Cem.
18. (a) Signature of funeral director: Goodman & Boller
(b) Address: Boonville, Mo.
19. (a) 11-14-40 (Date received local registrar) (b) D. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th year 1940 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from 11-2, 1940, to 11-13, 1940 that I last saw her alive on 11-13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Volvulus — Duration: 3-4 days
Due to: Twisted Mesentery of ileum
Due to:
Other conditions (Include pregnancy within 3 months of death): 120
Major findings: Of operations: Volvulus
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? (e) Means of injury:
23. Signature: Gurney H. Wells (M. D. or other)
Address: Boonville Mo. Date signed 11-14-40

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number 12-9-40
Date Filed

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.