FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2720

Registration District No. 347 Primary Registration District No. 5489A Registrar's No.

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

1. PLACE OF DEATH:

(a) County Henry 1 Md

(b) City or town Clinton Mo RR 3 (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether

In this community most of life years, months or days)

2. USUAL RESIDENCE OF DECEASED: 42

(a) State Mo (b) County Henry 0

(c) City or town Clinton Mo RR (If outside city or town limits, write "RURAL")

(d) Street No. # R.R. 3 Bethlehem (If rural, give location)

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

3. (a) PRINT FULL NAME ELIZABETH TREADWAY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Sin

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 1 (Day) 1859 (Year)

8. AGE: Years 81 Months 1 Days 12 If less than one day hr. min.

9. Birthplace VIRDEN (City, town, or county) Ill / (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business

FATHER
12. Name McCAVAH TREADWAY
13. Birthplace (City, town, or county) Ky / (State or foreign country)

MOTHER
14. Maiden name MATILDA FOSTER
15. Birthplace (City, town, or county) Ill / (State or foreign country)

16. (a) Informant Mrs J W Henry

(b) Address Clinton Mo RR

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-41 (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalus & Peck

(b) Address Clinton Mo

19. (a) (Date received local registrar) (b) Dr. J. R. Hampton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1941 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to Jan 12, 1941; that I last saw her alive on Jan 11, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	2 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? 312 (Specify type of place)

While at work? (e) Means of injury

23. Signature G. Swalker (M. D. or other) M.D.

Address Clinton Mo Date signed 1-13-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 2-41-269
Date Filed 2-7-41

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 J. E. Consalus

Licensed Embalmer No. 1891

P. O. Address Clinton 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.