

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 1159

Primary Registration District No. 5549

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Bellevue Mo.
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Julia Marie Clymer

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife John Clymer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 27, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 23 hr. _____ min. _____

9. Birthplace Salem Mo. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name: Henry Pfaff
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Miller
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Pfaff
(b) Address Bellevue Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/22/41
(Month) (Day) (Year)

(c) Place: burial or cremation Bellevue Mo.

18. (a) Signature of funeral director Norman White & sons

(b) Address S. White Ironton Mo.

19. (a) Feb 8 1941 (Date received local registrar) (b) ma J. Townsend (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Bellevue
(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 Jan. day 20 year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 15th, 1941, to Jan. 20th, 1941;
that I last saw her alive on Jan. 15th, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death
acute Broncho-Pneumonia
Influenza

Duration
1/14/41
1/18/41

Due to _____
Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)
muscular atrophy

Major findings:
Of operations _____
Of autopsy no

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? 356
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. E. Harland (M. D. or other) _____
Address Ironton, Mo. Date signed 1/25/41

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

47
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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.....

Lyle T. White....., Registered Apprentice No. 277
working under my personal supervision.

Signed Lyle T. White
Licensed Embalmer No. 3012
P. O. Address Denton Tex

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.