

S. No. 2
-11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17500

State File No. 5227

Registration District No. 162

Primary Registration District No. 4564

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Cass Peculiar
(b) City or town Peculiar
(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 1
(Specify whether
In this community 5 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19
(c) City or town Peculiar 6
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years

3. (a) PRINT FULL NAME JACOB FRANCIS CLETON

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 Ella Cleton 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Mar 4 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Cass Co Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer, Retired

11. Industry or business _____
MOTHER FATHER { 12. Name J. H. Cleton
13. Birthplace No. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Jane Severny
15. Birthplace No. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wm. Prettyman
(b) Address Harrisonville Mo

17. (a) buried (b) Date thereof May 5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wills Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO

19. (a) 5/5/41 (b) Master V. Robbins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1941 hour 5 minute 4 M. 45A

21. I hereby certify that I attended the deceased from April 22 1941, to May 2 1941, that I last saw him alive on May 2 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic bacterial nephritis

Due to _____
Due to _____

Other conditions Myocarditis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? 159

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

23. Signature Master V. Robbins (M. D. or other) 0
Address Peculiar, Mo Date signed 5/5/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

1900

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 _____

Ernest Runnenbeger

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville 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.