

FILLED JUL 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21115

Registration District No. 71

Primary Registration District No. 5710A

Registrar's No. 19

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Rural Cedar Falls
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 miles N.E. of Ashland Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Caroline Louise Clatterbuck
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 26
year 1941 hour 5 minute 17 M.
21. I hereby certify that I attended the deceased from Mar 1
1941, to June 26, 1941
that I last saw her alive on June 25, 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louise Clatterbuck 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased June 9 1869
(Month) (Day) (Year)

Immediate cause of death acute nephritis
Due to _____
Due to _____
Other conditions Impacted Gallstones
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>0</u>	<u>17</u>	hr. min.

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name John L. Clatterbuck
18. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Louise Reynolds
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Luther Clatterbuck
(b) Address Ashland Missouri
17. (a) Buried (b) Date thereof June 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Div. East Cem.

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?
73 While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. B. Pryor (M. D. or other) JD
Address Ashland Mo Date signed 6-27-41

18. (a) Signature of funeral director Halt J. Burnett
(b) Address Ashland Mo.
19. (a) 7-4-41 (b) Frances Nichols
(Date received local registrar) (Registrar's signature)

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

10000

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

Wm C. Burnett

Licensed Embalmer No.

3564

P. O. Address

Ashtland, 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.