

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34682

Registration District No. 204

Primary Registration District No. 3073-2013 Registrar's No. 23

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

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Cameron
(c) Name of hospital or institution 715 N. Main St.
(d) Length of stay: In hospital or institution. _____
In this community _____ years, months or days

3. (a) PRINT FULL NAME LOU CLOSE
(b) If veteran, name war ✓
(c) Social Security No. ✓

4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Lina
(c) Age of husband or wife if alive 71 years
7. Birth date of deceased Oct 28 1862

8. AGE: Years 78 Months 11 Days 16
If less than one day hr. _____ min. _____

9. Birthplace Platte Co. Missouri
10. Usual occupation Farmer (retired)

11. Industry or business _____
12. Name Chas. B. Close
13. Birthplace France
14. Maiden name Dorothy Gorman
15. Birthplace Kentucky

16. (a) Informant Mrs Lou Close
(b) Address Cameron Mo
17. (a) Burial (b) Date thereof Oct 17 41
(c) Place: burial or cremation Osborn Mo

18. (a) Signature of funeral director Lyle C Allen
(b) Address Cameron Mo
19. (a) Oct 15 1941 (b) W B Killip
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Clinton
(c) City or town Cameron
(d) Street No. 715 Main
(e) If foreign born, how long in U. S. A.? ✓ years.

20. DATE OF DEATH: Month Oct day 14
year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 27 to Oct 13, 1941
that I last saw him alive on Oct 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach
Duration 4 yrs.

Due to _____
Due to _____
Other conditions H68
(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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury ✓
23. Signature W B Killip (M.D. or other)
Address Cameron Mo Date signed 10/14/41

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

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..... *Lyle A. Allen*

Licensed Embalmer No. *524*

P. O. Address. *Cameron 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, fact should be so stated above.