No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 16 1941

Registration District No. 45

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5067

State File No. 37717

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Rural Milford Tenn.
(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 69 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 1

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Milford Mo. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CLARRA-EMMALINE-DRESSLAR

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 1 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	10	18	6 hr. 30 min.

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

10. Usual occupation House wife

11. Industry or business " "

FATHER
12. Name Noah Neese
13. Birthplace unknown (City, town, or county) / Tenn (State or foreign country)

MOTHER
14. Maiden name Catherine Prairie Water
15. Birthplace unknown (City, town, or county) / Tenn (State or foreign country)

16. (a) Informant Ralph Dresslar
(b) Address Milford Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19-1941 (Month) (Day) (Year)
(c) Place: burial or cremation St James Country

18. (a) Signature of funeral director G. B. Berry & Sons
(b) Address Sheldon Mo.

19. (a) Nov. 20-41 (Date received local registrar) (b) Elmer L. Thomas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1941 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from May 2-41, 19 to Nov. 19, 1941
that I last saw her alive on June 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia

Due to Arteria-Sclerosis-Chronic nephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

131 b

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature C. E. Duckett (M. D. or other) MD

Address Lamar Mo Date signed Nov 21 1941

9 & 1.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1241-1837
Date Filed DEC 11 1941

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. ~~[illegible]~~ working under my personal supervision.

Signed Carroll T. Beery

Licensed Embalmer No. 2385

P. O. Address Sheldon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.