

Registration District No. 230 Primary Registration District No. 4346

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

1. PLACE OF DEATH:  
(a) County Montgomery,  
(b) City or town Rhineland, Mo.  
(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.  
In this community 78 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County Montgomery  
(c) City or town Rhineland, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Clara Aleide Duffy,

MEDICAL CERTIFICATION

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

20. DATE OF DEATH: Month Sept day 4th  
year 1942 hour 7 minute 10 A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from Sept 19,  
1942, to Sept 2,  
1942; that I last saw her alive on Sept 1,  
1942, and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife David H. Duffy, 6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased Sept 1st, 1864  
(Month) (Day) (Year)

Immediate cause of death Chronic mesothelial nephritis Duration 18 mos.

8. AGE: Years Months Days If less than one day  
78 00 3 hr. min.

Due to 12/a

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

Due to

10. Usual occupation Housewife.

Other conditions Acute diarrhoea, insanity  
(Include pregnancy within 3 months of death)

11. Industry or business

PHYSICIAN

MOTHER FATHER { 12. Name Rudolph Theissen,  
13. Birthplace Unknown German  
(City, town, or county) (State or foreign country)

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

MOTHER FATHER { 14. Maiden name Emma Lensing,  
15. Birthplace Rhineland, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alf Anderson  
(b) Address 5433rd Union St. St. Louis Mo

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?

17. (a) Buried (b) Date thereof Sept 7 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memora Cemetery

18. (a) Signature of funeral director Walter Bates  
(b) Address Americus, Mo.

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

19. (a) Sept-7-1942 (b) Mrs. Carrie A. Stuart  
(Date received local registrar) (Registrar's signature)

23. Signature Walter Bates (M. D. or other) W.D.  
Address Permann Date signed Mo.

**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.....  
..... D. B. Baker ....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*D. B. Baker*

Licensed Embalmer No..... 3375 .....

P. O. Address..... Americus, 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.**