

FILED JAN - 7 1942
Registration District No. 172

Primary Registration District No. 5557 ⁵⁵⁵⁷

Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County HOWELL

(b) City or town RURAL SISSON TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
POMONA, Mo., ROUTE #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether years, months or days) NO

In this community 6.6 YEARS (Specify whether years, months or days) NO

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL

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

(d) Street No. POMONA, Mo. RR 1
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ALBERT SIDNEY CLICK

3. (b) If veteran, name war NO

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 12
year 1942 hour 5 minute 20 A.M.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife BETTY ALLEN CLICK

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased JULY 26, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1728.28.
30 DEC 10 1942 to 19.42

that I last saw him alive on DEC 10 1942

and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 4 Days 16

If less than one day hr. min.

Immediate cause of death Acute Lobar Pneumonia

Duration

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

Due to

Due to

10. Usual occupation FARMER

Other conditions (Include pregnancy within 3 months of death) 108

11. Industry or business

MOTHER FATHER

12. Name GEORGE CLICK

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

14. Maiden name KATIE YATES

15. Birthplace NORTH CAROLINA
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations

Of autopsy

16. (a) Informant MRS. A.S. CLICK

(b) Address POMONA, Mo., RR 1

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 13, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation MACKAY CEM. DAY CREEK TWP. HOWELL Co.

(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?

18. (a) Signature of funeral director Hal Throuburgh

(b) Address WEST PLAINS, Mo.

19. (a) 12/17/42 (Date received local registrar)

(b) Quith Hunt (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. A. Batts (M. D. or other) 0

Address Pomona, Mo. Date signed 12.14.42

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 Hal Shomburg
Licensed Embalmer No. 3408
P. O. Address West Plains

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.