

14753

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

ED MAY 6 1942 84  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5687 3037  
Registrar's No. 184

1. PLACE OF DEATH: Living Brookfield

(a) County \_\_\_\_\_

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

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

(d) Street No. Rural  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Arlene June Clawson

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 27 1922  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 42 hour 9:00 minute 20 A M.

21. I hereby certify that I attended the deceased from Jan 1943 to April 28 1943  
that I last saw her alive on April 27 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 20 Months 11 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Brookfield Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Home work

Immediate cause of death myocarditis Duration 4 mos.

Due to myocarditis

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 9321

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Paul Clawson

13. Birthplace Unionville Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Ardena Harvey

15. Birthplace Shelby Mo 0  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Paul Clawson

(b) Address Brookfield Mo

17. (a) Burial (b) Date thereof May 30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rural

18. (a) Signature of funeral director Hunt & Robbins

(b) Address Brookfield

19. (a) 4-29-43 (b) W W Carman  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature W B Simpson (M. D. or other) MD

Address Brookfield Date signed 5/28/43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 1-23-41

---

---

**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 L. W. Rollins  
Licensed Embalmer No. 1164  
P. O. Address Brookfield, 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.**