

FILED DEC 7 1943

Registration District No. 51

Primary Registration District No. 5181

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural Applecrest wry
(If outside city or town limits, write "RURAL" and name of township)

(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 1 (Specify whether
years, months or days) (81)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Rural 016
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles south Oakridge 9
(If rural, give location)

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

If yes, name country D

3. (a) PRINT FULL NAME PRICE-C-CLIPPARD

3. (b) If veteran, name war..... No.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1st
year 1943 hour 2 minute 0 B. M.

21. I hereby certify that I attended the deceased from March
12 1943 to Nov 1 1943
that I last saw him alive on Oct 15 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Barbara Fulbright Clippard

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

7. Birth date of deceased April 12 1962
(Month) (Day) (Year)

Immediate cause of death Heart Block

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

81 6 19 hr. min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business.....

12. Name C. C. Clippard

13. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Wheeler

15. Birthplace Bowling Green 114 1
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....

16. (a) Informant William Clippard

(b) Address Oak Ridge mo

17. (a) Rural (b) Date thereof 11-3-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge mo

18. (a) Signature of funeral director Wilson-Dalton-Seabaugh

(b) Address Jackson mo

19. (a) 11-1-43 (b) Henry W. ...
(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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature R. D. Haylock (M. D. or other).....
Address Oak Ridge mo Date signed 11-1-43

1228

RECEIVED

District Health Officer No. 4

District File Number 1243-297

Date Filed 12-6-43

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 Glen Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.