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FILED FEB 11 1944

Registration District No. 65

Primary Registration District No. 5250

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County CHARITON
(b) City or town BRUNSWICK RURAL
(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 _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHARITON
(c) City or town BRUNSWICK RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGRET E. CLAVIN

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 MARRIED

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

7. Birth date of deceased MAY 5 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation AT HOME

11. Industry or business HOUSE WORK

MOTHER FATHER

12. Name GEORGE ERWIN

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

14. Maiden name SARAH TICE

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

16. (a) Informant J. W. CLAVIN

(b) Address BRUNSWICK MISSOURI

17. (a) BURIAL (b) Date thereof 1-8-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation INDIAN GROVE BRUNSWICK MO

18. (a) Signature of funeral director L. W. Macisak

(b) Address BRUNSWICK MISSOURI

19. (a) 1-8-44 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 6 TH
year 1944 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from April 23 1943 to January 6 1944
that I last saw her alive on January 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Pulmonary tuberculosis Duration 20 yrs

Due to _____

Due to _____

Other conditions 13 ft
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature Carl C. Heper (M. D. or other) _____

Address Keokuk, Mo Date signed 1/9/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1027

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-9-44

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.....

R. M. Weisel

Licensed Embalmer No.....

823

P. O. Address.....

Brunswick, N.

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.