S. No. 2
M—5-43
. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7862

FILED MAR 12 1944

Registration District No. 2 Primary Registration District No. 5834 Registrar's No. 6

73
0
0

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Diamond R. 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Marion Twp
(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 Mo (b) County Newton 73

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Diamond R.R. 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Claud R. Clow CLOW

3. (b) If veteran, name war .....

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

4. Sex M

5. Color or race N.

6. (a) Single, widowed, ~~married~~, divorced S 0

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Feby. 5 (Month) 1884 (Day) (Year)

8. AGE: Years 60 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Sam Clow 1
13. Birthplace ..... (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Addelia Durbin 1
15. Birthplace ..... (City, town, or county) Ill (State or foreign country)

16. (a) Informant Mother Mrs Clow
(b) Address Diamond R.R. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-18-1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Spring Valley Cem

18. (a) Signature of funeral director Feby 18 1944
(b) Address Webb City Wind Co

19. (a) Feb. 23-1944 (Date received local registrar) (b) Webb City, Mo (Registrar's signature)

1315 Mrs. U. S. Chapman

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1944 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from 2/8/, 1944, to 2/18/, 1944, that I last saw him alive on 2/8/, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Syphilis	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN

Underline the cause to which death should be charged statistically.

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 V. A. Campbell (M. D. or other)

Address Neosho, Mo. Date signed 2/18/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-9-44

District Health Officer No. .....

District File Number 244-49

Date Filed 3-10-44

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 A. K. Mills

Licensed Embalmer No. 3 + 7

P. O. Address Webb City, 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.