

FILED MAY 11 1944

Registration District No. 23-1

Primary Registration District No. 3048

Registrar's No. 73

1. PLACE OF DEATH:  
 (a) County Nodaway  
 (b) City or town Maryville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
315 South Dewey  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alice Carrie Clouse  
 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, widowed  
 6. (b) Name of husband or wife A.E. Clouse  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased February 9 1864  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 1 15 hr. min.

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

10. Usual occupation housewife

11. Industry or business.....

12. Name Arthur Johnson

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Myrtle Dillon  
 (b) Address Burlington Junction Mo.

17. (a) burial (b) Date thereof 4-30-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dawson Cemetery

18. (a) Signature of funeral director Price Funeral Home  
 (b) Address Maryville Mo.

19. (a) 4-27-44 (b) Jerry Barber  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Nodaway  
 (c) City or town Maryville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 315 South Dewey  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26  
 year 1944 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from MAR. 2 1944 to APR 26 1944  
 that I last saw her alive on Apr 26 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular-Renal Disease Duration 20 yrs

Due to.....

Due to.....

Other conditions (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?  
 (Specify type of place) (e) Means of injury.....

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

23. Signature W.L. Goodfather (M. D. or other) DD.

Address Maryville Mo. Date signed 4-27-44

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 *W. L. Gee*

Licensed Embalmer No. *2539*

P. O. Address *Maryville, 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.**