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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18711

State File No. .....

Registration District No. 231 Primary Registration District No. 5811 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Rural Montgomery Twp
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 70

(a) State Missouri (b) County Montgomery 0

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

(d) Street No. 5 miles east
(If rural, give location)

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

3. (a) PRINT FULL NAME Sarah E. Clare

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

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

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Frank Clare Decased

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

7. Birth date of deceased Oct (Month) 10 (Day) 1863 (Year)

8. AGE: Years 80 Months 6 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation Home

11. Industry or business .....

FATHER
12. Name William H: White
13. Birthplace No (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Manervia Covington
15. Birthplace no (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs John Dyke
(b) Address Montgomery City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/44 (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C.W. Hopkins
(b) Address Montgomery City Mo

19. (a) May 13-44 (Date received local registrar) (b) Mrs C.E. Vandaveer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 th
year 1944 hour 11 minute 15 a M.

21. I hereby certify that I attended the deceased from May 4, 1944 to May 9, 1944; that I last saw her alive on May 5, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	2 weeks
Due to Chronic Interstitial nephritis	
Due to chronic arteriosclerosis chronic myocarditis	
Other conditions (Include pregnancy within 3 months of death)	

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

131a

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 5

23. Signature A.H. Van Arsdale (M. D. or other D.O.)
Address Montgomery City - Mo Date signed 5/9/44

1060

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number .....

Date Filed 6-8-44

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 on the 9 th day of May 1944, Registered Apprentice No. ....., working under my personal supervision.

C.W.Hopkins

Signed C W Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery 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.