

FILED DEC 3 1944
360

Registration District No. **360**

Primary Registration District No. **6225**

Registrar's No. **184**

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital, No. 3.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 1 yr. 5 mos. 7 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass 108
(c) City or town Cleveland (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SALLY ALDERSON
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November, day 10, year 1944 hour 12 minute 40 P.M.
21. I hereby certify that I attended the deceased from Oct 31, 1944 to Nov 10, 1944
that I last saw her alive on Nov 10, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive _____ years (Day) _____ (Year) _____

Immediate cause of death:
Hypertensive pneumoia
Arteriosclerotic heart disease
Due to _____
Due to _____
Other conditions Pt. fractured left hip in fall on ward left
Major findings: Of operations 12, 1944

7. Birth date of deceased: October 11 1860
(Month) (Day) (Year)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 84 Months 0 Days 30 If less than one day hr. _____ min. _____

9. Birthplace Callaway Co. Missouri
(City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Benjamin Clement
13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sussanah Spears
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 11-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cleveland, Mo.

18. (a) Signature of funeral director Gibbings Fun. Home
(b) Address Newada, Mo.
19. (a) 11-13-44 (b) Stogel B. Beare
(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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Evelyn Griffin M.D.
Address State Hospital No. 3 Date signed Nov. 10, 1944

RECEIVED
District Health Officer No. 7,
Division of Health
Date Filed 11-44-1226
12-5-44

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 *Marsh. Lechinger*
Licensed Embalmer No. *26560*
P. O. Address *Nevada, 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.