

FILED AUG 14 1945

Primary Registration District No. 5776

Registrar's No. 47

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

1. PLACE OF DEATH:
 (a) County Mercer
 (b) City or town Mill Grove Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Ward 1
(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 Mercer 65
 (c) City or town Mill Grove
(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 Mary Jane Clodfelter
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month July day 23
 year 1945 hour 11 minute 45 A.M.
 21. I hereby certify that I attended the deceased from July 15, 1945, to July 23, 1945
 that I last saw her alive on July 23, 1945
 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. (b) Name of husband or wife Alex Clodfelter 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March - 6 - 1857
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 7 days

8. AGE: Years 88 Months 4 Days 17 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Mercer Co Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Home wife

PHYSICIAN
 Major findings: ✓ of operations
✓ of autopsy
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name Counce Vanderpool
 13. Birthplace Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Angeline Branson
 15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Hulien
 (b) Address 4101 Coolidge, Huston, Texas
 17. (a) Burial (b) Date thereof July 25 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mill Grove Mo Cem

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 E. P. McLaughan M. D. or other reg. rd.
 Address Spickard Mo Date signed July 29 1945

18. (a) Signature of funeral director Spickard
 (b) Address Spickard Mo
 19. (a) 7-28-45 (b) Evon Martin
(Date received local registrar) (Registrar's signature)

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 Ross Wise

Licensed Embalmer No. 3791

P. O. Address Spokane 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.