

FILED JAN 8 1946
Registration District No. 246

Primary Registration District No. 6167

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Stone
(c) Name of hospital or institution: Union Trust
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all of life
In this community all of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 104
(c) City or town Clever, R#1
(If outside city or town limits, write "RURAL")
(d) Street No. Clever, R#1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 4
year 1945 hour 11 minute 45A.M.
21. I hereby certify that I attended the deceased from March 1, 1945, to April 4, 1945, that I last saw him alive on March 28, 1945, and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME: Ambrose Calvin Cloud

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male (5. Color or race white) 6. (a) Single, widowed, married, divorced, marrie

6. (b) Name of husband or wife: Perlina Cloud 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: April, 3, 1857 (Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 1 If less than one day hr. min.

9. Birthplace: Stone Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: farmer

11. Industry or business

12. Name: Calvin Cloud
13. Birthplace: Tenn (City, town, or county) (State or foreign country)
14. Maiden name: Jane Nale
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Iva Robinson (b) Address: Billings, Mo. R#1

17. (a) burial (b) Date thereof: Apr. 5, 45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: White Church Cem.

18. (a) Signature of funeral director: T. W. Maples (b) Address: Clever, Mo.

19. (a) 11-10-1945 (b) Registrar's signature: [Signature]

Immediate cause of death: Hemiparesis
Due to: Hypertension
Due to:

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: 173/1
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?

While at work? (Specify type of place) (z) Means of injury
23. Signature: A. P. Lopetti (M. D. or other) Address: [Address] Date signed: 4-5-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1245-1122

Date Filed 12-27-45

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 JW Maple

Licensed Embalmer No. 2985-

P. O. Address Clever, 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.)

..... is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan
Registrar's No. 55

Registration District No. 346 Primary Registration District No. 6167

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Calvers, Mo. St.
(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 _____ years, months or days

3. (a) PRINT FULL NAME Ambrose C. Cloud

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased April 3, 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Ambrose C. Cloud
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year _____ (hour) _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

42664