S. No. 2
M—8-43
5-17-39
I, X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19674

FILED JUN 20 1946

Registration District No. _____ Primary Registration District No. 5180 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Camden

(b) City or town Dreatorville Rural, Warren
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home Gen Del 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 3 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Camden

(c) City or town Dreatorville, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Gen Del
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Elsie Belle Claiborn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 1

5. Color or race wht

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

6. (b) Name of husband or wife Ousley Claiborn

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb (Month) 14 (Day) 1871 (Year)

8. AGE: Years 75 Months 3 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Cass Co (City, town, or county) Iowa (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

FATHER
12. Name John McKnight
13. Birthplace 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Ousley Claiborn
(b) Address Dreatorville, Mo

17. (a) Removal + Burial (Burial, cremation, or removal) Date thereof June 8-46 (Month) (Day) (Year)
(c) Place: burial or cremation Atlantic Iowa

18. (a) Signature of funeral director Bankson-Woolery
(b) Address Camdenton, Mo

19. (a) June 13 1946 (Date received local registrar) (b) Filpha D. Trauer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1946 hour 1 8 minute P M.

21. I hereby certify that I attended the deceased from April 30, 1946, to May 30, 1946 and that I last saw her alive on May 29, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insufficiency Heart - Chronic	46
Due to: Heart	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 _____

23. Signature E. E. Claiborn M.D.
Address Camdenton Mo Date signed 6-7-46

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 5-46-623
Date Filed 6-19-46

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 Abbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden

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.