

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED APR 9 1947

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
not hospitalized
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME Claudias Wells Clary

3. (b) If veteran, name war none

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1947 hour 9 minute A M.

21. I hereby certify that I attended the deceased from July 11, 1945, to March 15, 1947
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife XXXXX

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

7. Birth date of deceased Sept 28, 1877
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Duration _____

8. AGE: Years Months Days If less than one day

69	5	17	hr. _____ min.
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Due to _____

Due to _____

Other conditions Chol Prostatism
(Include pregnancy within 3 months of death)

9. Birthplace Osage County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations: _____
Of autopsy: _____

11. Industry or business same

12. Name Hazel Clary

13. Birthplace Osage County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Jane Elizabeth Davis

15. Birthplace Osage County, Mo
(City, town, or county) (State or foreign country)

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 Kellie Rawlins (M. D. or other) _____
Address Holden Mo Date signed 3/20/47

16. (a) Informant Mrs. Kate Heiling

(b) Address Kingsville, Missouri

17. (a) Burial (b) Date thereof March 17, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday and Hopp

(b) Address Holden, Missouri

19. (a) April, 1947 (b) Wm B D Redford
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

57
0
0
0

APR 21 1947

APR 9 1947

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 Samuel B. Ropp
Licensed Embalmer No. 4044
P. O. Address Halden MD

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.