S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10364

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 69

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Woodland Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hrs. (Specify whether
In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Moberly Mo. 6
(If outside city or town limits, write "RURAL")

(d) Street No. 3
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Anna May Clem
Mrs Morgan Clem.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Morgan Clem

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

7. Birth date of deceased July (Month) 16 (Day) 1864 (Year)

8. AGE: Years 82 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Mexico Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Enoch Hooton
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

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

16. (a) Informant Morgan Clem
(b) Address Higbee Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar (Month) 20 (Day) 1947 (Year)
(c) Place: burial or cremation Mexico Mo.

18. (a) Signature of funeral director Joe W Burton
(b) Address Higbee Mo.

19. (a) Mar 20-47 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

267

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1947 hour 2 minute 30 a M.

21. I hereby certify that I attended the deceased from 17 March, 1947, to Death, 19 ; that I last saw her alive on 17 Mar, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to: with Cardiac Decompensation	
Due to: and a complicating bilateral	
Other conditions (Include pregnancy within 3 months of death): Bronchopneumonia	

Major findings:
Of operations
Of autopsy

93D

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. [illegible]) 3-19-47

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-47-56
MAR 24 1947
Date Filed

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. E W Fremonth

Licensed Embalmer No. 3978

P. O. Address. Glasgow, 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.