

Registration District No. 179 Primary Registration District No. 5668

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Rural
(c) Name of hospital or institution: Moscow Mills Mo
(d) Length of stay: In hospital or institution
In this community 6 1/2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Missouri
(c) City or town Rural
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CLARA JOSEPHINE MYERS
(b) If veteran, name war None
(c) Social Security No. None

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 4 1862

8. AGE: Years 84 Months 4 Days 12

9. Birthplace Perry Ohio

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {
12. Name Chas Keller
13. Birthplace Prussia Germany
14. Maiden name Louise Wittmann
15. Birthplace Saxony Germany

16. (a) Informant Mrs V. Hunn
(b) Address Moscow Mills Mo.

17. (a) Burial (b) Date thereof 4-47
(c) Place: burial or cremation Troy Cemetery

18. (a) Signature of funeral director Wayne Mc Coy
(b) Address Troy Missouri

19. (a) 4-23-47 (b) Emma B. Riddle

20. DATE OF DEATH: Month April day 16
year 1947 hour 11 minute 20 P.M.
21. I hereby certify that I attended the deceased from 1944 to April 16 1947
that I last saw her alive on 4-16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Endocarditis and valvular disease.
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?
(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 Dr. V. E. Althoff (M. D. or other) DO.
Address Troy Mo. Date signed 4/16/47

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

27-68-7 Date Filed

District File Number

District Health Officer No. 9

RECEIVED

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 Wayne Mc Coy

Licensed Embalmer No. 3586

P. O. Address Troy 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.