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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1947

Registration District No. 115

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5430

27288

State File No.

Registrar's No.

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Robertsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Many years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Robertsville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSIE C. CLAY GENERALLY
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female 3
5. Color or race colored
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Isaac
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 9 (Month) 22 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
67	10	9	hr. min.

9. Birthplace Union, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name S. Clay
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Clyde Generally
(b) Address St. Clair, Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation St Clair, Mo
18. (a) Signature of funeral director [illegible]
(b) Address St. Clair, Mo.
19. (a) 8-2-1947 (Date received local registrar) (b) E. L. Northington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1st year 1947 hour 10 AM minute M.
21. I hereby certify that I attended the deceased from 6-1-47, 19 to 8-1-, 1947
that I last saw her alive on 8-1-, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	?
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address St Clair Mo Date signed 8/1/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 9,
District File Number AUG 28 1947
Date Filed

OCT 17 1948

APR 7 1953

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 Sherwood Mitchell

Licensed Embalmer No. 3973

P. O. Address St. Clair, 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.