

S. No. 2
M-543
v. 5-17-39
I X36571

41476

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 132

Primary Registration District No. 3031

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy

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

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

(d) Length of stay: In hospital or institution 11 Days (Specify whether
in this community Lifetime (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Laredo - Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Marion TWP. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Harvey Clingingsmith

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1947 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Nov 10, 1947 to Dec 3, 1947.
that I last saw h. in alive on Dec 3, 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. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased March 21 1871
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage 10 days

Due to Hy pertension +
Chronic interstitial nephritis.

Other conditions (Include pregnancy within 3 months of death)

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

76 8 12 hr. min.

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

10. Usual occupation Farmer

Major findings: 4919

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name Henry Clingingsmith

13. Birthplace Burton Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Stahl

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Guss Frank Stagg

(b) Address Trenton R. 2 Mo.

17. (a) Burial (b) Date thereof 12-7-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stucker - Laredo

18. (a) Signature of funeral director E. J. Robertson Funeral Home

(b) Address Laredo Mo.

19. (a) 12/7/47 (b) Ernie Dan
(Date received local registrar) (Registrar's signature) 115

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? _____

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature E. J. Robertson (M. D. or other) 0
Address Trenton Mo. Date signed 12/5/47

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 John M Robertson
Licensed Embalmer No. 4388
P. O. Address Laredo 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.