

S. No. 2  
M-543  
5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18824**

FILED JUL 12 1948

Registration District No. **76**

Primary Registration District No. **4066**

Registrar's No. ....

1. PLACE OF DEATH:

(a) County **Caldwell**

(b) City or town **Kingston (Kingston Twn)**

(c) Name of hospital or institution: **Old Folks Home, County Farm** **5**

(d) Length of stay: In hospital or institution **22 months**

In this community **22 months**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Caldwell** **3**

(c) City or town **Braymer, (Davis Twn)** **0**

(d) Street No. **0**

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

If yes, name country.....

3. (a) PRINT FULL NAME **Clara Rivers**

3. (b) If veteran, name war **--**

3. (c) Social Security No. **----**

4. Sex **male** Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **--**

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

7. Birth date of deceased **April 5th, 1868**

(Month) (Day) (Year)

8. AGE: Years **80** Months **2** Days **19** If less than one day hr. min.

9. Birthplace **Chancey, Ohio**

(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer (retired)**

11. Industry or business

MOTHER FATHER { 12. Name **unknown**

13. Birthplace **unknown**

14. Maiden name **unknown**

15. Birthplace **unknown**

16. (a) Informant **Welfare office Caldwell Co**

(b) Address **Hamilton, Mo**

17. (a) **Burial** (b) Date thereof **6-26-48**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Braymer Evergreen Cem.**

18. (a) Signature of funeral director **Dernard Mead**

(b) Address **Braymer, Mo**

19. (a) **6-25-48** (b) **Clara Jones**

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** 24th day

year **1948** hour **2pm** minute **0** M.

21. I hereby certify that I attended the deceased from **Jan 19 1948** to **June 23 1948**

that I last saw him alive on **June 23** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Duration **2 day**

Due to **Hypertensive Cardiovascular disease** **year**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93%**

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 **0**

23. Signature **Frank A. Daly** (M. D. or other) **MD**

Address **Hamilton, Mo** Date signed **2-25-48**

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

*Donald J. Mead*

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.**

*THOMAS A. BERRY*