

FILED AUG 5 1948

State File No. _____

Registration District No. 174

Primary Registration District No. 4186

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Sullivan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 1 year

3. (a) PRINT FULL NAME

NEVADA C. CLINTON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 1. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 20 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Crawford Co - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Riley Krubb

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

14. Maiden name Anderson

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

16. (a) Informant Elmer Clinton
(b) Address Steelville, Mo

17. (a) Burial (Burial, cremation, or removal) Date thereof 7-22-48
(Month) (Day) (Year)
(c) Place: burial or cremation Steelville Mo

18. (a) Signature of funeral director J. J. Donaldson
(b) Address Steelville, Mo
19. (a) 7-22-48 (b) Ed. Tractor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Steelville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1948 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 19 47, 19 to July 22 1948
that I last saw her alive on July 22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure 4 days

Due to Chronic rheumatic heart and atherosclerosis years

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____

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? _____ (a) _____ (b) _____ (c) _____
Mean of injury _____

23. Signature E. J. Tractor (M.D. or other) _____
Address Sullivan Mo Date signed 7-22-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2
43
39
37823

RECEIVED
District Health Officer No. 9,
District File Number
AUG 2 1948
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.....

Licensed Embalmer No.....

P. O. Address.....

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.