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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1948

Registration District No. 1663

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23354

Primary Registration District No. 3031

Registrar's No. 52

1. PLACE OF DEATH:
(a) County: Jefferson
(b) City or town: De Soto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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)
In this community: 78 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jefferson
(c) City or town: De Soto
(If outside city or town limits, write "RURAL")
(d) Street No.: 100 S 4th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Carrie M. Clyde
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Frank C. Clyde
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Feb. (Month) 2 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
78	6	3	..... hr. ..... min.

9. Birthplace: Washington Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
FATHER 12. Name: Jasper N. Paul
FATHER 13. Birthplace: Washington CO (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: Leocadia Boyer
MOTHER 15. Birthplace: Washington Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mary Rose Clyde
(b) Address: De Soto, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 7 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: CALVARY, De SOTO, MO
18. (a) Signature of funeral director: Daniel J. Mahn
(b) Address: De Soto, Mo.
19. (a) 8/6/48 (Date received by local registrar) (b) Marie Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 5th year: 1948 hour: 2:45 minute: P M.
21. I hereby certify that I attended the deceased from ..... 1948 to 8-5 1948 that I last saw her alive on 8-4 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Pulmonary Edema	15 min
Due to: Essential Hypertension	10 yrs
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 .....
23. Signature: Chas E Tallet (M. D. or other)
Address: De Soto, Mo Date signed: 8/6/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed AUG 10 1948
SEP 1 1948

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 Daniel J Maher Jr

Licensed Embalmer No. 4326

P. O. Address Clayton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.