. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 20 1948

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4203

State File No. 39903

Registrar's No. 166

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Galt Mo
(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)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Grundy
(c) City or town: Galt Mo (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 .....

3. (a) PRINT FULL NAME: LAURA BELL CLAPP
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: F
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Wid
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Sept 13 1876 (Month) (Day) (Year)
8. AGE: Years 72 Months 2 Days 1 If less than one day ..... hr. ..... min.
9. Birthplace: Sullivan Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
FATHER
12. Name: John L Clawson
13. Birthplace: Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Ann Malvly
15. Birthplace: Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: John Clawson
(b) Address: Humphreys Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Humphreys Mo. Cem.
18. (a) Signature of funeral director: B Baynes & Son
(b) Address: Galt Mo
19. (a) 11-16-48 (Date received local registrar) (b) Irene Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 14 year: 1948 hour: 3 minute: 45 A. M.
21. I hereby certify that I attended the deceased from 11-11-48, 19..., to 11-14-, 1948 that I last saw her alive on 11-13-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	7 da.
Due to: Arteriosclerosis	2
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: U. C. Weston, M.D.
Address: Galt, Mo. Date signed: 11-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. O K Payne

Licensed Embalmer No. 2257

P. O. Address. Galt 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.