

Registration District No. 38

Primary Registration District No. 3.0.0.6-5120

Registrar's No. 226

1. PLACE OF DEATH:

(a) County Bogert
(b) City or town Columbia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Fischel State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
Specify whether
In this community 1 day
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME CLUTTER-OLIVA MARY

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased January 1 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 8 84 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Dickneite

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

14. Maiden name Annice Bex

15. Birthplace Miller Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Oliver Mary Clutter

(b) Address Clarksburg, Mo.

17. (a) Burial (b) Date thereof 10-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksburg, Mo.

18. (a) Signature of funeral director Jesse E. Kuchel

(b) Address Springer, Mo.

19. (a) Oct 16 - 1942 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1942 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from October 15
1942 to September 16 1942
that I last saw him alive on September 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Bleeding Duration 2 days

Due to Epitheloma of Cervix Uteri 10 mos

Due to _____

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

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? _____

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

23. Signature H. M. Willey (M. D. regular)

Address Columbia, Mo. Date signed 10-16-42

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

10
2
4

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 Will me
....., Registered Apprentice No.
working under my personal supervision.

Signed Jessie E. Richard
Licensed Embalmer No. 2466
P. O. Address Jupton 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.

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