

1936 OCT 25 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32811
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 1095-4324
(b) Township Moreau Primary Registration District No. 3310 Registered No.
(c) City Clarksburg (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rose Laura Clephinger 2.51

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
0 1 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Missouri
13. NAME Alvah Clephinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Missouri

MOTHER 15. MAIDEN NAME Margaret Bratta
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Missouri

17. INFORMANT (ADDRESS) Alvah Clephinger Clarksburg, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Williams Co. DATE 9-22-1938
19. FUNERAL DIRECTOR (ADDRESS) Jewell-E-Richards TIPTON, MO.
20. FILED 10-4-1938 J. L. Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21, 1938
22. I HEREBY CERTIFY, That I attended deceased from 9-19-1938 to 9-21-1938, 1938
I last saw her alive on 9-21-1938 Death is said to have occurred on the date stated above, at 3: P. m.
The principal cause of death and related causes of importance were as follows:
Enteritis
Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. L. Garris, M. D.
(Address) Clarksburg, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Jewell-E- Richards, Licensed Embalmer No. 2466

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Jewell-E- Richards
Licensed Embalmer No. 2466

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.)