S. No. 2
1—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1945

Registration District No. 2 6 2

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10226

Primary Registration District No. 4333

Registrar's No.

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Clarksburg
(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 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Clarksburg
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Agnes Emily Claris
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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 24 (Day) 1882 (Year)

8. AGE: Years 62 | Months 5 | Days 21 | If less than one day hr. min.

9. Birthplace London Ontario Canada (City, town, or county) (State or foreign country)
10. Usual occupation Home Wife
11. Industry or business

FATHER
12. Name Wm Boyd
13. Birthplace Scotland (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Sarah Maurice
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs Irene Clark
(b) Address Clarksburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Clarksburg Mo.
18. (a) Signature of funeral director Jas Williams
(b) Address Calhoun Mo.
19. (a) Mch 20 '45 (Date received local registrar) (b) Jennie M. Needels (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day ~~15~~ 16
year 1945 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 16, 1945 to March 16, 1945
that I last saw her alive on March 16, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Abdominal and Pectoris	6 hours
Due to Chronic Myocarditis	2 years
Due to	
Other conditions. (Include pregnancy within 3 months of death) Thyroid Deficiency.	10 Yrs.

Major findings:
Of operations —
Of autopsy — 62C

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 Edgar A. Hobbs (M. D. or other)
Address California Mo. Date signed 3/16/45

734

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 4-5-45

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 Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California

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.