

FILED AUG 30 1947  
Registration District No. 4

Primary Registration District No. 5726

State File No. ....

Registrar's No. 53

1. PLACE OF DEATH:

(a) County. Moniteau Co  
(b) City or town. Rural Walker  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
California, Mo Rt # 2 /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. ....  
(Specify whether  
In this community. Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Moniteau 68  
(c) City or town. Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. California, Mo Rt # 2 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME George Walter Clenin

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

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife. Elizabeth Clenin 6. (c) Age of husband or wife if alive. .... years  
7. Birth date of deceased. April 12 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 3 26 hr. min.

9. Birthplace. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business. ....  
12. Name. Gotlief Clenin

13. Birthplace. Switz  
(City, town, or county) (State or foreign country)

14. Maiden name. Alice Lehr

15. Birthplace. Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs Edith Shorn

(b) Address. California, Mo

17. (a) Burial (b) Date thereof. Aug. 10/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Rohrback Cemt

18. (a) Signature of funeral director. Bowlin Funeral Home

(b) Address. California, Mo

19. (a) 8-11-47 (b) H. R. Poppey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. AUG day. 7  
year. 1947 hour. 11/40 minute. A. M.

21. I hereby certify that I attended the deceased from 7-14  
1947 to 8-7 1947  
that I last saw him alive on Aug 6 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic nephritis Duration 1 year

Due to Generalized arteriosclerosis 5 years

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. ....  
Where did injury occur? (City or town) (County) (State)

(c) Place: burial or cremation. ....  
While at work? (Specify type of place)  
(d) Did injury occur in or about home, on farm, in industrial place, in public  
place? (Specify type of place)  
While at work? (Specify type of place)  
23. Signature. Kennon Gathens (M. D. or other) 0  
Address. California Mo Date signed 8-9-47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed AUG 29 1947

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 2222  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed E. R. Broun

Licensed Embalmer No. 2126

P. O. Address California, N.

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.