REC'D MAR 15 1939

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

6975
Do not use this space.

1. PLACE OF DEATH
(a) County Laclede 2 Registration District No. 453
(b) Township Gasconade 1 Primary Registration District No. 5619 Registered No. 2
(c) City ..... (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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 462 Mary Bell Clark
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John Warren Clark
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 1867
7. AGE YEARS 71 MONTHS 6 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind 1

FATHER
13. NAME James Lampkins 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind 1

MOTHER
15. MAIDEN NAME Susan Simpson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) J. W. Clark Competition Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Winnepeg DATE 2/19/39
19. FUNERAL DIRECTOR (ADDRESS) W. D. Holman Lebanon Mo
20. FILED 2-22 1939 Lester Hicks Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18/39 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1938, to ~~[illegible]~~ 1-19-, 1939
I last saw her alive on 1-19-, 1939 Death is said to have occurred on the date stated above, at 11:30 P m.
The principal cause of death and related causes of importance were as follows:

cerebral Hemorrhage

92b

Date of onset

Other contributory causes of importance:
Chronic Endocarditis and arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

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? no
If so, specify .....
(Signed) Roland E. Gaston D.O., M. D.
901 (Address) Nebo, Mo 2

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12004

RECEIVED
District Health Officer No. 7,
District File Number 7-39-382
Date Filed 3-8-39

STATEMENT BY LICENSED EMBALMER

I, W. E. Halman, Licensed Embalmer No. 3061

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W. E. Halman

Licensed Embalmer No. 3061

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.)