

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

18329
 Do not use this space.

REC'D JUN 20 1939

1. PLACE OF DEATH

(a) County..... Cedar Registration District No..... 164
 (b) Township..... Lima Benton Primary Registration District No..... 5229
 or
 (c) City..... Jerico Springs (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 Julia Ellen Clark

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Garland Geo Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	83	9	13	

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. House Wife
 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) Mt. Vernon, Lawrence

13. NAME John Robers 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

15. MAIDEN NAME Sarah 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) J. B. Lovel

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Omer DATE May 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. DAVIS & CO. 1141 W. 11th St. St. Louis

20. FILED May 22, 1939 Mrs. Mary Heifner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

108
 Serrile, Phemmer
 #2, 108
 Other contributory causes of importance:
 dur. cardia
 failure

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) Mrs. Mary Heifner Reg. 158
 (Address) Jerico Springs, 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.

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RECEIVED
District Health Officer No. 7,
District File Number 7-35-87
Date Filed 6-6-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.