S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 23 1940

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27803

Primary Registration District No. 1

Registrar's No. 201

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

1
2
2

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 411 N. High 2
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirksville,
(If outside city or town limits, write "RURAL")
(d) Street No. 411 N. High
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anna Llewellyn Clark 1462

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Robert Clark

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 29, (Day) 1862 (Year)

8. AGE: Years 78 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Mechanicsburg, Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Abraham Shephard
13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Mc Corkle
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jamie Clark
(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-40 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Dee Riley
(b) Address Kirksville, Mo.

19. (a) Sept 2 1940 (Date received by registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1940 hour 6 o'clock minute a M.

21. I hereby certify that I attended the deceased from Aug 16, 1940, to Aug 29, 1940, that I last saw her alive on Aug 29 & 10 p.m. 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction — Duration
Due to Malignant colon (Cancer of Intestine)
Due to
Other conditions (Include pregnancy within 3 months of death) 4 6
Major findings:
Of operations
Of autopsy

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? 3
While at work? (Specify type of place) (e) Means of injury 5

23. Signature U. B. Garrison (M. D. or other) M.D.
Address Kirksville Date signed Aug 31 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-40-1725
Date Filed SEP 10 1940

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 Laura A. Riley, Registered Apprentice No. ..... working under my personal supervision.

Signed Laura A Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.