

FILLED OCT 24/1941

Registration District No. _____ Primary Registration District No. **200**

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

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Brashear, Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **80 yrs** years, months or days

3. (a) PRINT FULL NAME

WILLIAM, C. CLARKSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **W**

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

6. (b) Name of husband or wife **Della Clarkson**

6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **Jan 9 1856**
(Month) (Day) (Year)

8. AGE: Years **85** Months **7** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Clayton, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Daniel Clarkson**

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

14. Maiden name **Elizabeth Parham**

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

16. (a) Informant **Burt Clarkson**

(b) Address **Green Top, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-25-41** (Month) (Day) (Year)

(c) Place: burial or cremation **Suburban Home**

18. (a) Signature of funeral director **Fred R. Easley**

(b) Address **Brashear, Mo.**

19. (a) **Sept 25/41** (Date received local registrar) (b) **Spencer L. Freeman** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Adair** 001
(c) City or town **Brashear, Rural** 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **23** year **1941** hour **7** minute **07** P. M.

21. I hereby certify that I attended the deceased from **September 21**, 19**41**, to **Sept. 23**, 19**41**, and that death occurred on the date and hour stated above. that I last saw him alive on **Sept. 23**, 19**41**.

Immediate cause of death **Apoplexy** Duration **2 days**

Due to **Vascular Hypertension**

Other conditions **g3a**
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **4**

23. Signature **N. E. Cornstubble** (M. D. or other) **D.O.** Address **Brashear, Mo.** Date signed **9/24/41**

RECEIVED

District Health Officer No. 10

District File Number 10-41-1884

Date Filed OCT 17 1941

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 Foster P. Easley

Licensed Embalmer No. 1146

P. O. Address Bushy, Mo.

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

If this body is not embalmed, fact should be so stated above.