No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 35370

Registration District No. 470 Primary Registration District No. 3633 Registrar's No. 146

**1. PLACE OF DEATH:**
(a) County Lawrence
(b) City or town Mount Vernon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1621 days (Specify whether years, months or days) In this community 1621 days 0

**2. USUAL RESIDENCE OF DECEASED:** 073
(a) State Missouri (b) County Newton
(c) City or town Neosho (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Cora A. Clark
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 8th, 1869 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 2 | 16 | hr. min. |

9. Birthplace Neosho (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name John C. Herms
13. Birthplace Unknown (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name Elizabeth Liginger
15. Birthplace Milwaukee (City, town, or county) Wisconsin (State or foreign country)
16. (a) Informant E. McMichael, Record Clerk
(b) Address Missouri State Sanatorium
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-41 (Month) (Day) (Year)
(c) Place: burial or cremation Neosho, Mo
18. (a) Signature of funeral director Jeff Bonham
(b) Address Neosho, Mo
19. (a) 10-25-1941 (Date received local registrar) (b) D A Hahmer (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 24th year 1941 hour 10:35 minute P M.
21. I hereby certify that I attended the deceased from May 17th, 1937 to October 24, 1941; that I last saw her alive on October 24th, 1941 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Pulmonary tuberculosis | About 5 yrs |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy Chronic nephritis, Chronic Myocarditis | |

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. W. Rinde (M. D. or other)
Address Mt Vernon, Mo Date signed 10-25-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1141-1671
Date Filed NOV 7 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 [signature]

Licensed Embalmer No. 2689

P. O. Address [illegible]

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

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