

BUREAU OF THE CENSUS
FILLED NOV 13 1941

Registration District No. **653**

Primary Registration District No. **5871**

Registrar's No. **7271**

1. PLACE OF DEATH:

(a) County **Remick**
(b) City or town **Rural (Magdous)**
(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 **12 yrs**
years, months or days

3. (a) PRINT FULL NAME **Pansy Clark**

8. (b) If veteran, name war _____ 8. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **9 6 1923**
(Month) (Day) (Year)

8. AGE: Years **19** Months **01** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Trenton Tenn**
(City, town, county) (State or foreign country)

10. Usual occupation **housekeeping**

11. Industry or business **house**

12. Name **Simon Clark**

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

14. Maiden name **Robert Moore**

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

16. (a) Informant **Simon Clark**
(b) Address **Hayti MO**

17. (a) **Burial** (b) Date thereof **11-2-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hayti MO Smith & Bell**

18. (a) Signature of funeral director **Smith & Bell**
(b) Address _____

19. (a) **11/2/41** (b) **Pearl Kelley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Remick**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **0**

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **31**
year **1941** hour **8** minute **P.M.**

21. I hereby certify that I attended the deceased from **Oct. 28 - 1941** to **Oct. 31 - 1941**; that I last saw her alive on **Oct. 28 - 1941** and that death occurred on the date and hour stated above.

Immediate cause of death: **Puerperal Septicemia** Duration **1 wks.**

Due to _____

Due to _____

Other conditions: **1478**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 _____

23. Signature **J. R. Pinnon** (M. D. or other) **0**
Address **Cauthersville, MO** Date signed **11-1-41**

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

8000

11-41-29

NOV 14 1941

JAN 21 1957

JAN 21 1957

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.