

DEC 18 1941

Registration District No. 609

Primary Registration District No. 4368

Registrar's No. 124

1. PLACE OF DEATH:

(a) County NEWTON  
(b) City or town NEOSHO, MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: SALE-BOWMAN Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 WEEKS.  
In this community 0 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 073  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. RED # 5  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 28  
year 1941 hour 5:55 minute P. M.  
21. I hereby certify that I attended the deceased from 6-20  
1941, to NOV 28 1941  
that I last saw him alive on NOV 28-41 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac  
decompensation with  
thrombosis  
Due to Arteriosclerosis  
Chronic Interstitial nephritis  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration  
\_\_\_\_\_  
PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Josephine Mary Clark

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife John A. Clark 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased JUNE 10, (Month) (Day) (Year) 1877

8. AGE: Years 64 Months 5 Days 18 If less than one day hr. min.

9. Birthplace LINN (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name GABRIEL Joseph

13. Birthplace UNKNOWN (City, town, or county) FRANCE (State or foreign country)

14. Maiden name LOUISE POIRRIER

15. Birthplace UNKNOWN (City, town, or county) FRANCE (State or foreign country)

16. (a) Informant John A. Clark

(b) Address Neosho, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-1-41 (Month) (Day) (Year)

(c) Place: burial or cremation Our Park Cemetery

18. (a) Signature of funeral director Carley Thompson

(b) Address Neosho, Mo.

19. (a) 12-2-41 (Date received local registrar) (b) Donald S. ... (Registrar's signature)

Major findings: none 131a  
Of operations \_\_\_\_\_  
Of autopsy NO

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 Merwin P. Bowman (M. D. or other) MD  
Address Neosho, Mo. Date signed Dec-41

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

RECEIVED

District Health Officer No. 6,

District File Number 1241-1873

Date Filed Dec 15 1941

SEP 30 1954

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 Barley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo

**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, fact should be so stated above.**