

S. No. 2
M-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI-STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7289

State File No.

Registrar's No. 9

FILED MAR 16 1942

Registration District No. 52

Primary Registration District No. 5762

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Rural-Tywappity
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 mi. S. of Charleston, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All of Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Mi. S. of Charleston
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X X X

3. (a) PRINT FULL NAME May Virginia Clark

3. (b) If veteran, name war X X X 3. (c) Social Security No. X X X

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive X X years
7. Birth date of deceased May 25 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>8</u>	<u>7</u>	hr. _____ min.

9. Birthplace Mississippi Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

12. Name Willie Clark

13. Birthplace Tchula Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Eula Adams

15. Birthplace Evansville Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Clark

(b) Address Rt. #.2., East Prairie, Mo.

17. (a) Burial (b) Date thereof 2-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove-Charleston, Mo.

18. (a) Signature of funeral director Lair-Nunnelee

(b) Address Charleston, Mo.

19. (a) 2-6-42 (b) F. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd.
year 1942 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from Feb 2 1942 to Feb 2 1942

that I last saw him alive on Feb 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Due to _____
Due to _____

Other conditions: (include pregnancy within 3 months of death)

Major findings: Of operations 108

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 6

23. Signature A. P. Martin (M. D. or other) _____
Address East Prairie Date signed 2-4-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

745

RECEIVED

District Health Office No. 2,

District File Number 342/318

Date Filed 3/9/42

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.

Body Not Embalmed

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, fact should be so stated above.