

FILED JUN 12 1942

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 30-25-744

Primary Registration District No. 3035

Registrar's No. 40

1. PLACE OF DEATH:  
 (a) County Ray  
 (b) City or town Richmond Mo. Ostr  
 (c) Name of hospital or institution: none  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none (Specify whether)  
 In this community Fifty Years years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Ray  
 (c) City or town Richmond Mo.  
 (d) Street No. 104 Henry Richmond Mo.  
 (e) Citizen of foreign country? No  
 If yes, name country Ray Co. Mo.

3. (a) PRINT FULL NAME Anna Clark  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 20  
 year 1942 hour 4:30 minute A.M.

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced widow  
 6. (b) Name of husband or wife W.S. Clark Died  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Aug. 5 th. 1864.  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 19, 1942 to May 20, 1942  
 that I last saw her alive on May 19, 1942  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Coronary Occlusion Duration 1 day

8. AGE: Years 75 Months 9 Days 15  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Mercer Co. Mo. (City, town, or county) (State or foreign country) 0

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Home Keeper

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Robert Cover  
 13. Birthplace Ill. (City, town, or county) (State or foreign country) 1  
 14. Maiden name Margarette Rogers  
 15. Birthplace Ill. (City, town, or county) (State or foreign country) 1

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
940

16. (a) Informant Jesse Swafford  
 (b) Address Richmond Mo.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-42. (Month) (Day) (Year)  
 (c) Place: burial or cremation Richmond Mo. Cem.

(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) (2) Means of injury 0

18. (a) Signature of funeral director J.B. Brothers  
 (b) Address Richmond Mo.

23. Signature Shirley J. Cooper (M.D. or other) \_\_\_\_\_  
 Address Richmond, Mo. Date signed 5-20

19. (a) May 21, 1942 (Date received local registrar) (b) Mrs. Char. W. Sheppard (Registrar's signature)

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

39  
/

1280

42

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-11-42

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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.....

J.B. Brothers

....., Registered Apprentice No. ....

working under my personal supervision.

Brothers Funeral Home

Signed J.B. Brothers

Licensed Embalmer No. 2001.

P. O. Address Richmond 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.