

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 1 1943  
Registration District No. 175

Primary Registration District No. 4277

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

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Verona  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days 4 yr (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME Luna Jesse Clark

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Silas Clark 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April 19 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 3 26 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Charles Turner

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

14. Maiden name Elizabeth Eldridge

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

16. (a) Informant's own signature Edward Clark

(b) Address Verona Mo

17. (a) Burial (b) Date thereof 8/19/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Bassem T. Har

(b) Address 229 21 1/2 Birch Ave. Verona Mo

19. (a) 8-19-1943 (b) Lunice Greene  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Verona Route 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles west of Verona  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15  
year 1943 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from Aug 4 - Aug 15, 1943 to Aug 15, 1943 that I last saw her alive on Aug 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Shot  
following fracture  
of the hip

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

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

Other conditions (Include pregnancy within 3 months of death) 18

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Will Smith M.D. (Specify type of place) \_\_\_\_\_ (e) Means of injury fall off of a  
chair  
(M. D. or other)

Address Verona Mo Date signed 8/19/43

District No. 6  
Dist. File # 843-959  
8-31-43

SEP 7 1943

1943

**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 *Myself*

Signed *Oscar L. Marsh*

Licensed Embalmer No. *3812*

P. O. Address *Bovina 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, above space should be left blank.**