

No. 2  
11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37972

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

Registrar's No. 202

Registration District No. 1843

Primary Registration District No. 4095

19  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I. PLACE OF DEATH:

(a) County CASS  
(b) City or town DREXEL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
At Home Of Son, Drexel, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Does not apply.  
(Specify whether  
In this community 50 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CASS 019  
(c) City or town Drexel 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME SARAH EMILY CLARK

8. (b) If veteran, name war None. 8. (c) Social Security No. None.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife W. E. Clark 6. (c) Age of husband or wife if alive decd years

7. Birth date of deceased March, 4, 1856.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 8 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Household duties.

11. Industry or business At Home.

12. Name John McManus,

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

14. Maiden name Nell Spiers,

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

16. (a) Informant Mrs. W. M. Clark

(b) Address Drexel, Missouri.

17. (a) Burial (b) Date thereof 12/3/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami Cemetery, Kans.

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Drexel, Missouri.

19. (a) 12/3/43. (b) Margaret Valle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1  
year 1943 hour 2 minut 25 P. M.

21. I hereby certify that I attended the deceased from Nov 26<sup>th</sup>, 1943, to Dec 1<sup>st</sup>, 1943;  
that I last saw h. or alive on Nov 29<sup>th</sup>, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac infarction Duration 9 hrs

Due to arterio-sclerosis 20 yrs

Due to Coronar-arteriosclerosis

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN 9502  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature B. L. Phillips (M. D. or other) \_\_\_\_\_  
Address  Paola, Kansas Date signed 12-2-43

**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, seriously

~~Registered~~ ~~Apprentice~~ No. \_\_\_\_\_

~~working under my personal supervision~~

Signed \_\_\_\_\_

Licensed Embalmer No. 1950

P. O. Address Drexel 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.