

FILED FEB 14 1944

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 201

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
403 West 20th St
(If not in hospital or institution, write street number or location)

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

In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BRONDS

(c) City or town TRENTON
(If outside city or town limits, write "RURAL")

(d) Street No. 403 WEST 20th
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME REBECCA J. CLARK

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race W

6. (a) Single, widowed, married 2 divorced, widowed

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

7. Birth date of deceased Dec 7 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Callaway County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name John Bennett

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

14. Maiden name unknown

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

16. (a) Informant W. Willard Clark

(b) Address Trenton, Mo.

17. (a) Burial (b) Date thereof Jan 14, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woods Brown

18. (a) Signature of funeral director Caroline Williams

(b) Address Trenton, Mo.

19. (a) 1-14-44 (b) L. D. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1944 hour 11:00 minute P

21. I hereby certify that I attended the deceased from at intervals past 10 years 19____; that I last saw him alive on June 13 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of lung, several years

Due to _____

Due to _____

Other conditions 13 fl
(Include pregnancy within 3 months of death)

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? _____

(Specify type of place) _____

While at work? _____ (Specify type of place) _____

Means of injury _____

23. Signature E. A. Duffly (M. D. or _____)

Address Trenton Mo Date signed Jan 14 - 1944

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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.....

Myself

working under my personal supervision.

Registered Apprentice No.....

Signed.....

James A. Davis

Licensed Embalmer No. *3424*

P. O. Address *Quinton, 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.