S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7392

State File No.

Registration District No. 15 7

Primary Registration District No. 5584

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1 — McDonald Inn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community Native
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Bower Mills 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. 0
(If rural, give location)

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

If yes, name country — 0

3. (a) PRINT FULL NAME Belle Clark

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race w 1

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

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 2 (Month) 9 (Day) 1878 (Year)

8. AGE: Years 65 | Months 10 | Days 19 | If less than one day ___ hr. ___ min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Fredrick Liles
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margarette Smith
15. Birthplace Illinois 1 (City, town, or county) (State or foreign country)

16. (a) Informant Pearl Clark
(b) Address La Russell Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 31 (Day) 1943 (Year)
(c) Place: burial or cremation Cave Springs

18. (a) Signature of funeral director Morris-Leiman
(b) Address Miller Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28
year 1943 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1942 to 12-28 1943
that I last saw he alive on 12-28 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Bloc.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 95a	
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? (e) Means of injury

23. Signature W. S. Bunny 0 (M. D. or other)

Address Miller Mo. Date signed 12-30-43

1203

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....G. R. Leimon.....

Licensed Embalmer No.....3297.....

P. O. Address.....Miller 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.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 19

State File No.

Registration District No. 157 Primary Registration District No. 5584 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Power Mills
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Belle Clark
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 9 (Day) (Year)

8. AGE: Years 65 Months 10 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Feb 28 '44 (Date received local registrar) (b) Elizabeth Coupline (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (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? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

7392