

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8031

State File No.

FILED MAR 8 1944
Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 28

1. PLACE OF DEATH:
(a) County Salaska
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Dewitt Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 3 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County (Miller) 66
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME CORABELLE CHARK
(b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 17
year 1944 hour 1 minute 9 M.
21. I hereby certify that I attended the deceased from 1
14, 1944 to 1-17, 1944
that I last saw h. er alive on 1-17, 1944
and that death occurred on the date and hour stated above.

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry Clark 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased June 19-1884
(Month) (Day) (Year)

Immediate cause of death Cardiac decompensation complicated by chronic nephritis
Due to

8. AGE: Years 59 Months 6 Days 29
If less than one day hr. min.

Due to

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

Other conditions 1318
(Include pregnancy within 3 months of death)
Major findings:
Of operations

MOTHER FATHER

10. Usual occupation Housekeeper
11. Industry or business Farm
12. Name William E McDonald
13. Birthplace Miller Co, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Abbott
15. Birthplace Miller Co, Mo
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

16. (a) Informant Floyd Clark
(b) Address St. Elizabeth, Mo.
17. (a) Burial (b) Date thereof 1-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bank Cem. St. Elizabeth, Mo.

(Specify type of place) (a) Means of injury 2
While at work

18. (a) Signature of funeral director Chas. Casey
(b) Address Iberia, Mo.
19. (a) Feb 29 1944 (b) Chas McDonald
(Date received local registrar) (Registrar's signature)

23. Signature Dr R O DeWitt (M. D. or other) DD.
Address Waynesville Mo. Date signed 1/20/44

1110

(Licensed Embalmer's Statement on Reverse Side)

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

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

MAR 24 1944

MAR 8 1944

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..... *Ch. Casey*
Licensed Embalmer No. *2694*
P. O. Address *Berea 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. *March*Registration District No. *290*Primary Registration District No. *4427*Registrar's No. *28*

1. PLACE OF DEATH:

(a) County *Pulaski*
(b) City or town *Waynesville*
(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 *Two days.* (Specify whether)In this community *Two days.*
years, months or days3. (a) PRINT FULL NAME *Corabelle Clark*3. (b) If veteran,
name war3. (c) Social Security
No.4. Sex *2*5. Color or
race *w*6. (a) Single, widowed, married,
divorced *m*

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive7. Birth date of deceased *June 19 1894*

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

59 6

hr. min.

9. Birthplace *Unknown*

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

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 *Lucasville, Mo.*

19. (a)

(b)

(Date received local registrar)

(Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July*year *1948*

hour

minute

M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on

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 sta-
tistically.

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 (M. D. or other)

Address Date signed

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

S U P P L E M E N T A R Y

8031