

3. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14239

State File No. _____

FILED APR 20 1944

Registration District No. 12

Primary Registration District No. 5135

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Near Home, Rural, Route 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: past hill

(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Broseley, Mo. Route 1 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country (1)

3. (a) PRINT FULL NAME Cecil Clack

3. (b) If veteran, name war _____

3. (c) Social Security No. 491-26-5745

4. Sex Male ()

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased August 16 1917
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>8</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace New Madrid County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Self

12. Name Tom Clack

13. Birthplace New Madrid County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Stella Launina

15. Birthplace Polk County, Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Tom C. Clack

(b) Address Route 1 Brosley, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23, 44
(Month) (Day) (Year)

(c) Place: burial or cremation Mole Hill

18. (a) Signature of funeral director Greer Croy

(b) Address Ponlar Bluff, Missouri

19. (a) 4-5-44 (Date received local registrar) (b) Belle Anne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1944 hour 9.30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Duration

Due to Drowning. Was overcome by attack of epilepsy while walking on Hiway, and fell face downward in waterfilled ditch.

Other conditions 182-3
(Include pregnancy within 3 months of death)

Major findings: 31
Of operations _____

Of autopsy No 26

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) Accident

(b) Date of occurrence March 21, 1944

(c) Where did injury occur? Butler Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? No (Specify type of place) (e) Means of Injury 5

23. Signature Alfred W. Green Coroner (M. D. or other)
Address Ponlar Bluff, Mo Date signed 3/22/44

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

MOTHER FATHER

92

RECEIVED

District Health Office No. 2,

District File Number 44-617

Date Filed 4-12-44

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 *M. Brown*

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff

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.