

FILED AUG 8 1944

Registration District No. 42

Primary Registration District No. 3007

Registrar's No. 229

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Paplar Bluff, Mo.
(c) Name of hospital or institution:
Paplar Bluff Hospital
(d) Length of stay: In hospital or institution few days
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Campbell
(d) Street No. 25
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME ALTA CLARK
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 12
year 1944 hour 7 P. minute 10 M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Robert Clark
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased February 5 1905

21. I hereby certify that I attended the deceased from 7-12 1944 to 7-12 1944
that I last saw her alive on 7-12 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Surgical shock

8. AGE: Years 39 Months 5 Days 7
If less than one day 0 hr. 0 min.

Due to Spinal cord hypertrophy
Due to Basilar ganglia injury
Other conditions 48P

9. Birthplace Missouri
10. Usual occupation Housewife
11. Industry or business
12. Name E. Davis
13. Birthplace Unknown
14. Maiden name Jane Blakley
15. Birthplace Ind.

Major findings: Spinal cord hypertrophy
Of operations Spinal cord
Of autopsy Spinal cord

16. (a) Informant Husband + daughter
(b) Address Campbell, Mo.
17. (a) Burial (b) Date thereof July 15, 1944
(c) Place: burial or cremation Pine City, Mo.
18. (a) Signature of funeral director Lander Funeral Home
(b) Address Campbell, Mo.
19. (a) 7-17-44 (b) Belle Dinne

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? _____
(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 [Signature] (M. D. or other) _____
Address Paplar Bluff, Mo. Date signed _____

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

1273

RECEIVED
District Health Office No. 2,
District File Number 814-994
Date Filed 8-3-44

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 *E. W. Sanders*

Licensed Embalmer No. 21299

P. O. Address *Campbell 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.