S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 17 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34900

State File No.

Registration District No. 243 Primary Registration District No. 3047 Registrar's No. 104

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 218 Finney Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Neosho 3 (If outside city or town limits, write "RURAL") 2
(d) Street No. 218 Finney Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FERN CLARK
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter Clark
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Jan (Month) 3 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
55	8	23	hr. min.

9. Birthplace Fremont (City, town, or county) Nebraska (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name George Haywood
13. Birthplace (City, town, or county) England (State or foreign country)
MOTHER
14. Maiden name Sarah Conrad
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Tom Haywood
(b) Address Granette Ave
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation Prague, Okla
18. (a) Signature of funeral director J. A. Bigham
(b) Address Neosho Mo
19. (a) 9-30-1944 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 year 1944 hour 4 minute 30 P M.
21. I hereby certify that I attended the deceased from Sept 20, 1944, to Sept 26, 1944 that I last saw her alive on Sept 26, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	6
Due to (Left side)	Days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83a1
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 R. C. Lamson (M. D. or other) Mol
Address Neosho Mo Date signed 9/26/44

1110

(Licensed Embalmer's Statement on Reverse Side)

NOV 20 1944

RECEIVED OCT 13 1944

District Health Officer No.

District File Number 944-202

Date Filed OCT 13 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.....

Licensed Embalmer No. 2689

P. O. Address Neosho 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.