No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

HOLMAN

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 16 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41935

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 86

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town UNIONVILLE
(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
In this community 50 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86

(c) City or town UNIONVILLE
(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

3. (a) PRINT FULL NAME Lulu Vaugn Clark

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife W.R. CLARK

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April (Month) 14 (Day) 1876 (Year)

8. AGE: Years 68 Months 6 Days 26 If less than one day hr. min.

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

10. Usual occupation AT HOME, HOUSEWIFE

11. Industry or business HOUSEWORK

FATHER
12. Name ALANZO WILSON
13. Birthplace (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name RUTH ELIZABETH SLINE
15. Birthplace (City, town, or county) OHIO (State or foreign country)

16. (a) Informant W R Clark
(b) Address Unionville, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov (Month) 13 (Day) 1944 (Year)
(c) Place: burial or cremation UNIONVILLE CEMETERY

18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville, Mo By John N. Comstock

19. (a) 12/4/44 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 10
year 1944 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov 9, 1944 to Nov 10, 1944
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	2 days
Due to	
Due to 131a	
Other conditions Ch. Cardio Renal Dis. (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 G H Holman (M. D. ~~or other~~)
Address Unionville Mo Date signed 12-11-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-14-2021
Date Filed DEC 14 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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.