

FILED DEC 6 1945

Registration District No. 375

Primary Registration District No. 4551

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Hartville
(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 3 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Hartville, Mo.
(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 Elizabeth Clark

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced W 7
6. (b) Name of husband or wife James Clark 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 13 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1945 hour nine minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 1945 to Oct 21 1945
that I last saw him alive on Oct 21 and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

8. AGE: Years Months Days If less than one day
75 7 8 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Kelley
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Angeline Boyer
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Clark
(b) Address Wellington, Kansas

17. (a) Burial (b) Date thereof 10/24/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Steele Memorial Cem.

18. (a) Signature of funeral director Gene E. Hallgren
(b) Address Hartville, Mo.
19. (a) Nov. 26, 1945 (b) E. B. Garner
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 W. H. Clark (M. D. or other) MD
Address Wellington, Mo. Date signed 11/24/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

1596

(Licensed Embalmer's Statement on Reverse Side)

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

Reid Dist. No. 6

12-4-45

No. 1745-1145

JAN 22 1947

DEC 10 1946

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

Gene E. Holdren

Licensed Embalmer No.

3865

P. O. Address

Hartsville, 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.