

FILED FEB 17 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 3028

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mc Cune Brooks Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 months 15 days  
(Specify whether  
In this community 60 years  
years, months or days)

3. (a) PRINT FULL NAME Clara Elizabeth Radford

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Zachary T. Radford 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased. Sept. 1st. 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>4</u>	<u>13</u>	hr. _____ min.

9. Birthplace Virden Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business Same

MOTHER FATHER { 12. Name Daniel W. Garst  
13. Birthplace Jonesboro Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Fannie Gibson  
15. Birthplace Virden Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant A.W. Radford

(b) Address Jasper, Mo. #1

17. (a) Burial (b) Date thereof 1-17th.46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Paradise Cem.

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper, Mo.

19. (a) 1-24-46 (b) P. B. Clinton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 & 1/2 mile South East Jasper 0  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14th.  
year 1946 hour 5 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 15 1945 to Jan 14 1946  
that I last saw him alive on Jan 14 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder  
Due to \_\_\_\_\_  
Duration 6 mo.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 52  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature P. B. Clinton (M.D. or other) \_\_\_\_\_  
Address Carthage Date signed 1-23-46

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

14236

46-1-38

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**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 Howard C. Simpson  
Licensed Embalmer No. 4288  
P. O. Address Jasper, 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.**