No. 2
-2-43
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X35697

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

4218

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5221

FILED MAR 11 1946

Registration District No. 128 Primary Registration District No. 1000 Registrar's No. 179

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 612 W. Pine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield,
(If outside city or town limits, write "RURAL")
(d) Street No. 612 W. Pine
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillie Florence Clark
3. (b) If veteran, name war None
3. (c) Social Security No. UNK.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ed Clark
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased June (Month) 24, (Day) 1898 (Year)
8. AGE: Years 47 Months 7 Days 25 If less than one day hr. min.
9. Birthplace LLaclede County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business In Home
MOTHER FATHER
12. Name Thomas L. Stark
13. Birthplace Dallas County, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Malley B. Willison
15. Birthplace Franklin County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Miss. Cledith Clark
(b) Address Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22, '46 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 2-21-46 (Date received local registrar) (b) W S Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19, year 1946 hour 2:20 minute A. M.
21. I hereby certify that I attended the deceased from Feb 8, 1946 to Feb 19, 1946 that I last saw he alive on Feb 18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chron Bright's Disease & Kidney
Due to Kidney Condition
Due to
Other conditions Heart Condition Coma
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence —
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? no (e) Means of injury —
23. Signature U F Keirs (M. D. or other) M.D.
Address Springfield Mo Date signed Feb 20 1946

(Licensed Embalmer's Statement on Reverse Side)

APR 16 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.....C. R. Roof.....

Licensed Embalmer No.....3044.....

P. O. Address.....Springfield, 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.