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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6249

FILED FEB 25 1946

Registration District No. 17

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE

(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
525 S WASHINGTON 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community ALWAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County LACLEDE 53

(c) City or town LEBANON 1
(If outside city or town limits, write "RURAL")

(d) Street No. 525 S WASHINGTON 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME BETTIE LEE CLARK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOW 2

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

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

7. Birth date of deceased Sept. (Month) 2 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	4	1	hr. min.

9. Birthplace LEBANON (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name RICHARD J WICKERSHAM
13. Birthplace LOUISVILLE KY (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name MARY WEIGLE
15. Birthplace ST LOUIS (City, town, or county) Mo 1 (State or foreign country)

16. (a) Informant [signature]
(b) Address LEBANON Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation LEBANON Mo

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON Mo

19. (a) Jan. 10, 1946 (Date received local registrar) (b) Ora Frankeberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 3
year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-10, 1946, to 1-3, 1946
that I last saw her alive on 1-3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic c̄ myocardial Degeneration — Duration years

Due to

Due to

Other conditions Nephritis Interstitial
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 13 P

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 0

23. Signature [signature] (M. D. or other) M.D.

Address Lebanon Mo Date signed 1-6-46

12 (Licensed Embalmer's Statement on Reverse Side)

Received 2/16/46

Laclede County Health Unit

File No. 1/46/3

Date Filed 2/21/46

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 D A Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.