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M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6735

State File No. ....

Registration District No. 280

Primary Registration District No. 6966-

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Platte

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

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

(d) Length of stay: In hospital or institution 2 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Nannie Lee Clark

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife: \_\_\_\_\_

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

7. Birth date of deceased: October 13, 1864  
(Month) (Day) (Year)

8. AGE, Years	Months	Days	If less than one day
<u>81</u>	<u>3</u>	<u>6</u>	hr. _____ min.

9. Birthplace: Buchanan County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: Home

MOTHER FATHER

12. Name: Robert Brown

13. Birthplace: Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Duncan

15. Birthplace: Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Perry Wright

(b) Address: Edgerton, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1/29/46  
(Month) (Day) (Year)

(c) Place: burial or cremation: Didgeley Cemetery

18. (a) Signature of funeral director: Rollins - Nash

(b) Address: Edgerton, Missouri

19. (a) Feb 28-46 (Date received local registrar) (b) Mrs. Ophia Rollins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Trimble  
(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: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19<sup>th</sup> year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan. 9<sup>th</sup> 1946, to Jan. 16 - 9<sup>th</sup> 1946.

that I last saw her alive on Jan. 16 - 46 and that death occurred on the date and hour stated above.

Immediate cause of death: Infirmitities of old age.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: 162h

Duration \_\_\_\_\_

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? \_\_\_\_\_

23. Signature: John A. Robinson (M. D. or other) \_\_\_\_\_

Address: Edgerton, Mo. Date signed: 1-23-46

257

(Licensed Embalmer's Statement on Reverse Side)

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

5691

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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 *Vernon R. Nash*.....

Licensed Embalmer No. *3947*.....

P. O. Address *Edgerton, 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.**