

No. 2
-2-43
5-17-30
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED APR 19 1946

STANDARD CERTIFICATE OF DEATH

State File No. 13739

Registration District No. 383

Primary Registration District No. 5608

Registrar's No. 858

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 198 days
(Specify whether years, months or days)

In this community 198 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis County

(c) City or town So. Kinlock Park
(If outside city or town limits, write "RURAL")

(d) Street No. Box 185
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mildred Clark

3. (b) If veteran, name war No

3. (c) Social Security No. 632-42-1822

-MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1946 hour 6:30 minute A.M.

4. Sex Female 5. Color or race Colored

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

6. (b) Name of husband or wife Eugene Clark

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

7. Birth date of deceased: June 14th 1922
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 12, 1945 to March 28th, 1946, that I last saw her alive on March 27th, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

23	9	14	hr. min.
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Immediate cause of death: Pulmonary Tuberculosis Abt 12 mos.

Due to _____

Due to _____

9. Birthplace Elaine Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Factory

11. Industry or business Tobacco, cigarettes

MOTHER FATHER

12. Name Joe Lawson

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

14. Maiden name Clara Owens

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) _____ (b) Date thereof 3-28-46
(Hospital, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director H. W. Petty

(b) Address St. Louis, Mo.

19. (a) 3729-46 (b) D. P. Philbrick
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/6

Of autopsy _____

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 C. A. Brasler M.D. (or other) _____
Address Mount Vernon, Mo. Date signed 3-28-46

159

(Licensed Embalmer's Statement on Reverse Side)

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

13043

RECEIVED
District Health Officer No. 6,
District File Number 446-464
Date Filed APR 17 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 H W Petty
Licensed Embalmer No.....
P. O. Address.....

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.