

S. No. 2  
DM-2-43  
v. 5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 2 1947**  
Registration District No. 218

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41500  
Registrar's No. 123

Primary Registration District No. 5790

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

1. PLACE OF DEATH  
(a) County Mississippi  
(b) City or town W. of Island  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Residence  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 46 years 8 mos. 17 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Mississippi  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Empire East of Craine  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLARA FIERKE  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 15 year 1946 hour 6:30 minute P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William Fierke 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Feb. 28 1900  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 24 - 1946 to about Oct. 1, 1946 that I last saw him alive on about Oct. 1, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 8 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Pulmonary tuberculosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Wolf Island, Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Keeping house

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_  
Major findings of operations 13B  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name James P. O'Shephant  
13. Birthplace Arlington, Va.  
(City, town or county) (State or foreign country)  
14. Maiden name Mollie Woodward  
15. Birthplace Wolf Island, Mo.  
(City, town, or county) (State or foreign country)

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) ( ) Means of injury \_\_\_\_\_

16. (a) Informant William Fierke  
(b) Address East Prairie, Mo. Rt. 2  
17. (a) Rural (b) Date thereof 11-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation W. of East Prairie Mo

23. Signature Geo. W. Whitaker (M. D. or other) \_\_\_\_\_  
Address East Prairie, Mo. Date signed 11/18/46

18. (a) Signature of funeral director Geo. W. Whitaker  
(b) Address East Prairie, Mo.  
19. (a) 12-4-46 (b) Centaine G. Harper  
(Date received local registrar) (Registrar's signature)

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

40213

RECEIVED

District Health Office No. 2,

District File Number 1246-1498

Date Filed 12-27-46

*copy of [unclear] [unclear]*

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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 *Travis Shelby*

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.