

S. No. 2
-12-45
-5-17-39
P-1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5916

State File No. _____

FILED FEB 24 1947

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 45

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Farmington RURAL St. Francois
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Hospital No. 4 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 yrs. 11 mos. 25
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bollinger 94
 (c) City or town Lutesville,
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. Unknown
 (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ADDIE C. CLARK
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 29
 year 1947 hour 11 minute 38 P.M.

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced. Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased November 29, 1879
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
April 19, 1946 19____ to Jan. 29, 1947 19____;
 that I last saw her alive on Jan. 29, 1947 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
<u>67</u>	<u>2</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death _____
Pneumonia
 Due to _____

9. Birthplace Lutesville, Missouri
 (City, town, or county) (State or foreign country)

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation None

Major findings: Of operations 108
 Of autopsy No autopsy.

11. Industry or business _____

12. Name George E. Clark
 13. Birthplace Massachusetts
 (City, town, or county) (State or foreign country)

14. Maiden name Eliza J. Walker
 15. Birthplace Union County Illinois
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Records State Hospital No. 4
 (b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 1-31-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lutesville, Missouri

18. (a) Signature of funeral director Baker Funeral Home
 (b) Address Lutesville, Missouri

19. (a) 2-14-47 (b) Esther Rudloff
 (Date received local registrar) (Registrar's signature)

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 _____

23. Signature George W. Rees (M. D. or other) M.D.
 Address Farmington Mo. Date signed 2/5/47

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

RECEIVED

District Health Officer No. 4
District File Number 247-264
Date Filed 2-21-42

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 J E Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.