. S. No. 2
0M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 21 1947

Registration District No. _____

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6111

Primary Registration District No. 1003

Registrar's No. 685

1. PLACE OF DEATH:

(a) County: St Louis

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

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

(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days)

In this community 17 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Cape Gir. 16

(c) City or town: Cape Girardeau 1
(If outside city or town limits, write "RURAL")

(d) Street No. 43A S. Fornier NB4
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 1

If yes, name country _____

3. (a) PRINT FULL NAME: Jenny 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: Married

6. (b) Name of husband or wife: Fra L Clark

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: Aug (Month) 17 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	5	29	hr. ✓ min.

9. Birthplace: Murphysboro (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation: Home

11. Industry or business _____

MOTHER FATHER

12. Name: James B Turner 1

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

14. Maiden name: Elizabeth Morton

15. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Fra L. Clark

(b) Address: Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Cape Girardeau, Mo

18. (a) Signature of funeral director: S. C. Crawford

(b) Address: Jackson, Mo.

19. (a) FEB 18 1947 (Date received local registrar) (b) J Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1947 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 31, 1947, to Feb 16, 1947; that I last saw h. alive on Feb 16, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	5 days
Due to P-O intestinal obstruction	2 wks.
Due to Duodenal diverticulum	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operation: Duodenal diverticulum
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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature: Robert K. Lynch (M. D. or other) M. D.

Address: 916 No. Theat. Bldg. Date signed 2/17/47

(Licensed Embalmer's Statement on Reverse Side) St. Louis, Mo.

MAY 10 1949

JUN 28 1949

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.....

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.