S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1947

Registration District No. 840

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7576

Primary Registration District No. 4503

Registrar's No. 4

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bernie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

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

103
1
0
0

3. (a) PRINT FULL NAME Infant son of Mr. & Mrs. Lora C. Clark

3. (b) If veteran, name war .....

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

4. Sex Male 0

5. Color or race White

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

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

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

7. Birth date of deceased ..... (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 10 hrs. ..... min.

9. Birthplace Bernie (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Lora C. Clark
13. Birthplace Bernie (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Elsie Kilbreath
15. Birthplace Bernie (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Lora C. Clark
(b) Address Bernie Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bernie Cemetery

18. (a) Signature of funeral director Orlie E. Brown
(b) Address Bernie, Mo.

19. (a) 2/14-47 (Date received local registrar) (b) Lottie Jeffress (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd year 1947 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from Jan. 3, 1947 to Jan. 3, 1947 that I last saw him alive on Jan. 3, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
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 F. O. Kilby D.O. (M. D. or other)
Address Bernie Mo. Date signed 2-1-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 247-258
Date Filed 7-17-47

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 Boby Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Robert E. Drum

~~Licensed Embalmer No.~~ Funeral Director

P. O. Address Bernie, 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.