

FILED APR 22 1947

Registration District No. 207

Primary Registration District No. 5708

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 63
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Jane (Jennie) Clark
(b) If veteran, name war _____ (c) Social Security No. (nee Johnson)

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month March day 28
year 1947 hour 4 minute 30 P.M.

5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. L. Clark
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased May 7, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 1, 1947 to Mar 28, 1947
that I last saw her alive on March 19, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Cancer
Liver

8. AGE: Years 69 Months 10 Days 22
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Franklin County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation house wife

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

11. Industry or business _____
12. Name John M. Brittain
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Elliot
15. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy U66

16. (a) Informant Sam Johnson
(b) Address Belle Meade
17. (a) Burial (b) Date thereof 3/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Baptist Cemetery High R
18. (a) Signature of funeral director Pauline Howard
(b) Address Bland Mo
19. (a) 4-9-47 (b) Pauline Howard
(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) no
(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 _____
3. Signature Pauline Howard (M. D. or other)
Address Belle Meade Date signed April 1947

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

MOTHER FATHER

Date Filed 4-21-47

District File Number _____

District Health Officer No. 9,

RECEIVED

APR 23 1947

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 _____

Chester Lassman

Licensed Embalmer No. 4178

P. O. Address Bland

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.