

S. No. 2
1-1/47
5-17-39

FILED JAN 5 1948
Registration District No. **274**

Primary Registration District No. **3052**

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

1. PLACE OF DEATH:

(a) County..... **Pettis**

(b) City or town..... **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1919 South Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **30 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **Sarah Boyd Clark**

3. (b) If veteran, name war..... **none**

3. (c) Social Security No. **none**

4. Sex..... **Female**

5. Color of race..... **White**

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

6. (b) Name of husband or wife..... **Edward Clark**

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

7. Birth date of deceased..... **October 14, 1861**
(Month) (Day) (Year)

8. AGE: Years **86** Months **1** Days **23** If less than one day hr. min.

9. Birthplace..... **Miller County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business.....

12. Name..... **Greenville Boyd**

13. Birthplace..... **Miller County, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name..... **unknown**

15. Birthplace..... **Miller County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Elmer Clark, (son)**

(b) Address..... **1919 South Grand, Sedalia,**

17. (a) **Burial** (b) Date thereof..... **12/9/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park**

18. (a) Signature of funeral director..... **Shane Ewing**

(b) Address..... **Sedalia, Missouri**

19. (a) **12/9/47** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Pettis**

(c) City or town..... **Sedalia**
(If outside city or town limits, write "RURAL")

(d) Street No..... **1919 South Grand**
(If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **December** day..... **7**
year..... **1947** hour..... **12:50** minute..... **P.** M.

21. I hereby certify that I attended the deceased from..... **Nov. 22**
19..... **47** to..... **Dec. 7** 19..... **47**
that I last saw h..... **er** alive on..... **Dec. 7** 19..... **47**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Angina Pectoris 1 yr
Coronary Heart Failure 2 wks
Senility

Due to.....

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

PHYSICIAN

Major findings:
Of operations..... **GZE**

Of autopsy.....

Underline the cause of 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..... **Edwin M. [unclear]** (M.D. or other) **DD**
Address..... **Sedalia, Mo.** Date signed..... **Dec. 8/47**

RECEIVED

District Health Officer No.

District File Number

Date Filed

1-2-48

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.....

Haven R. Dietz

Registered Apprentice No. *70*

working under my personal supervision.

Signed.....

James E. Ewing

Licensed Embalmer No. *70-47*

P. O. Address *Seaside 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.