

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 37

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution MO. Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours
In this community about 3 1/2 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan

(c) City or town St. Joseph Rural
(If outside city or town limits, write "RURAL")

(d) Street No. RFD # 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EMMA-S-CLARK.

3. (b) If veteran, name war NO

3. (c) Social Security No. 22004

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1948 hour 9:35 minute P M.

21. I hereby certify that I attended the deceased from Nov 1947 to Jan 5 1948
that I last saw her alive on Jan 5 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Marshall

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 16 1887
(Month) (Day) (Year)

Immediate cause of death Cardiac arrest Duration _____
beginning administration of Pentothal Sodium anesthesia
Due to dot extraction of impeded tooth roots, resulted in Central Nervous System Anoxemia with Cardiac &
Other conditions respiratory failure
(Include pregnancy within 3 months of death)
approximately 9 1/2 hrs later

8. AGE: Years 60 Months 9 Days 19
If less than one day hr. _____ min. _____

Major findings: _____
Of operations: _____

Of autopsy: 195B
1110

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

9. Birthplace Buchanan Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Klein McCoy

13. Birthplace Andrew Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Laughman

15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Clark

(b) Address St. Joseph MO

17. (a) Burial (b) Date thereof Jan 8 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem.

18. (a) Signature of funeral director St. Joseph

(b) Address St. Joseph MO

19. (a) 1-14-48 (b) Ed. C. Jenkins
(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) _____
(e) Means of injury _____

23. Signature Robert Howard (M. D. or other) MD

Address St. Joseph, MO Date signed Jan 7 1948

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.....

Charles M. Harman

Registered Apprentice No. *450*

working under my personal supervision.

Signed *John Roy Clancy*

Licensed Embalmer No. *2435*

P. O. Address *St Joseph*

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.