

No. 300
1-10-47
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 26 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33768
Registrar's No. 2620

Registration District No. 274

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Alfred Clarkson
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 31st 1892
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Circus Owner

11. Industry or business Self

12. Name Alfred Clarkson

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

14. Maiden name Jennie Aikin

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

16. (a) Informant Frank Aikin

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Oct 23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mehan and Son

(b) Address Moberly Mo

19. (a) 10/23/48 (b) Calvin...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 819 So 4th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1948 hour 7:50 minute A M.
21. I hereby certify that I attended the deceased from Oct 15
1948, to Oct 21, 1948
that I last saw him alive on Oct 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Carcinoma of the
Due to Rt kidney with
Due to metastasis to the lungs 1 yr?
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)
(c) Means of injury _____

23. Signature Walter... (M. D. _____)
Address Moberly Mo Date signed 21 Oct 48

RECEIVED

District Health Officer No. 10

District File Number 10-48-183

Date Filed OCT 25 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Frank S. De Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.