

FILED DEC 23 1948

State File No. _____

Registration District No. 325

Primary Registration District No. 4476

Registrar's No. 42

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Dorning
(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 all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Schuyler
(c) City or town Dorning mo.
(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 _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 5 year 1948 hour 10 minute 15 A. M.
21. I hereby certify that I attended the deceased from Dec 5 1948, to Dec 5 1948;

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Ethel Clarkson 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased: 12/15 (Month) 1948 (Day) 1948 (Year)

that I last saw him alive on 12/15 1948 and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial Degeneration Duration 3yo.

8. AGE: 68 Years, 1 Months, 2 Days If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 939
Of operations _____
Of autopsy _____

9. Birthplace Schuyler Co. mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer

11. Industry or business _____
12. Name Wm Clarkson
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name Susan Kirkland
15. Birthplace Schuyler mo (City, town, or county) (State or foreign country)

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) _____ (e) Means of injury 2

16. (c) Informant Mrs Ethel Clarkson
(b) Address Dorning mo
17. (a) Burial (b) Date thereof Dec 8-48 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dorning mo
18. (a) Signature of funeral director Ford Moore
(b) Address Dorning mo
19. (a) Dec 16 1948 (b) W. L. J. Drake (Date received local registrar) (Registrar's signature)

23. Signature R E Vaughn (M. D. or other) D.O.
Address Lancaster mo Date signed 12/16/48

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

2
43
39
37823

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District No. 12-48-21
Date Filed DEC 21 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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Lloyd Moore
Licensed Embalmer No. 3151
P. O. Address Worthington

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.