

REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11 12 P.M.

14656

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township Springfield Primary Registration District No. 2001 Registered No. 358
(c) City Springfield (d) Street No. 1944 N. Campbell St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MARTHA - H. CLARK
(a) Residence, No. 1944 N. Campbell St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 4-1-, 1937, to 4/22, 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26-1857I last saw her alive on 4/22, 1938 Death is said to have occurred on the date stated above, at 11:15 P.M.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 1 26

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Chronic Bronchitis
asthma
Date of onset 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriOther contributory causes of importance: Dementia13. NAME James Rae14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Mary Boone16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Mrs. E. C. Clark
1944 N. Campbell18. BURIAL, CREMATION, OR REMOVAL St. Pius DATE April 25, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Plunkett
1944 N. Campbell20. FILED Apr 24, 1938 Chas. Bergin Local RegistrarName of operation none Date of _____What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. J. Plunkett M. D.(Address) Springfield MO

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,

J. B. Klingner
4005

and Roy G. Gavin #1763
Max Rhodes

Warren S. Noblett
or by

Registered Apprentice No. *#117* working under my personal supervision.

Signed

J. B. Klingner

Licensed Embalmer No.

3358

P. O. Address

Springfield, 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, above space should be left blank.