

REC'D MAR 15 1939

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

6088  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Camden Registration District No. 117  
 (b) Township OSAGE Primary Registration District No. 5167 Registered No. 2  
 (c) City Osage Beach (d) Street No. \_\_\_\_\_ 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 J. Clement  
 (a) Residence, No. Osage Beach, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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) Feb 22 1939

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

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1938, to Feb 22, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12 18 44

I last saw h. or alive on Feb 22, 1939. Death is said to have occurred on the date stated above, at 6:30 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 94 4 10

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

OCCUPATION 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 \_\_\_\_\_

Carcinoma began in glands at side of neck metastasis. Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta Georgia

Other contributory causes of importance: 52'

FATHER 13. NAME John Green Carroll

Name of operation  Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN Georgia

What test confirmed diagnosis?  Was there an autopsy? NO

MOTHER 15. MAIDEN NAME Muskelroy

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN Georgia

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

17. INFORMANT (ADDRESS) Mrs. Joe Cobsey Osage Beach, Mo.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Muscogee, Okla 2-24 1939

Manner of injury \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) Keith M. Keys Eldon, Mo.

Nature of injury \_\_\_\_\_

20. FILED 43-13 1939 Lizzie Miller Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify. (Signed) E. D. Shelton, M. D.  
 (Address) Eldon, Missouri.

RECEIVED  
District Health Officer No. 7  
District File Number 7-35-447  
Date Filed 3-13-29

STATEMENT BY LICENSED EMBALMER

I, Keith McKay, Licensed Embalmer No. 3998

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Keith McKay  
Licensed Embalmer No. 3998

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.)