

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

6881
Do not use this space.

REC'D MAR 9 1939

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 417
 (b) Township Joplin Primary Registration District No. 3021 Registered No. 12
 (c) City Webb City (d) Street No. 113 S. ROANE 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Miss Maude J. Clark
 (a) Residence, No. 113 S. Roane St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 1906
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
32 6 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City, Missouri
 FATHER 13. NAME Albert Lawson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 MOTHER 15. MAIDEN NAME Viola Russell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) Gladys Reyer Webb City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Russell Cem DATE OF Feb 7, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Webb City, Mo.
 20. FILED FEB. 6, 1939, 19 T. P. Drexler, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 5, 1939
 22. I HEREBY CERTIFY That I attended deceased from Feb 4, 1939 to Feb 5, 1939
 I last saw her alive on Feb 5, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion Date of onset
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? M
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... 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.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) P. B. Johnson M. D.
 (Address) Webb City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-478

Date Filed MAR 4 1939

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 myself

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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.