

REC'D MAR 16 1939

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

6951

Do not use this space.

1. PLACE OF DEATH

(a) County Johnson 2 Registration District No. 5586
(b) Township Port Oak 1 Primary Registration District No. 4256
(c) City Childhome (d) Street No. 5586 Registered No. 430
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

(a) Residence, No. Susanna Clark St.
Childhome R. 7 D (Usual place of abode, if no street address, write county or city) (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 9

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co. Ill.

13. NAME Wm H. Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Julia Reardon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Ms. D. H. Blanchard
Childhome Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shiloh Cem. DATE 2-17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wilkison
Clinton Mo

20. FILED March 8, 1939 Annabel Reynolds
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-25-39 1938, to 2-16 1939

I last saw h. l. s. alive on 2/16 1939. Death is said

to have occurred on the date stated above, at 1:30 P. m.

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

Chronic Myocardial degeneration Date of onset _____

Other contributory causes of importance:

Pulmonary Hypostasis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1939

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) G. M. Kendall, M. D.

380 (Address) Childhome Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/6/39

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 Fred Willuse

Licensed Embalmer No. 2478

P. O. Address Clinton M

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.