

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

Do not use this space.

38867

**1. PLACE OF DEATH**

County Andrew  
Township Lincoln  
City New Occagona (No. \_\_\_\_\_)

Registration District No. 8  
Primary Registration District No. 3011

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Farm St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 29-1879</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>6</u>
	DAYS <u>17</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Music Teacher Home Nurse/keeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Savannah Mo.</u>	0	
13. NAME <u>Cap't Wm D. Clarke</u>	1	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan co. Ill.</u>	0	
MOTHER	15. MAIDEN NAME <u>Flora J. Terrell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Savannah Mo.</u>	
	17. INFORMANT <u>Mrs. Emma Clarke Wallace</u> (ADDRESS) <u>Amazona Mo #</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Savannah, Mo</u> DATE <u>Nov-19-</u> 19 <u>39</u>	
	19. UNDERTAKER <u>J. Fred Terhune</u> (ADDRESS) <u>Savannah Mo</u>	
	20. FILED <u>Nov 18</u> 19 <u>39</u> <u>J. W. Holcomb</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1939, to Nov 16 1939  
I last saw him alive on Nov 13 1939 Death is said to have occurred on the date stated above, at 9 P m.  
The principal cause of death and related causes of importance were as follows:  
Diabetes Mellitus acute Pyelonephritis thrombosis femoral vein left.  
Date of onset 59

Other contributory causes of importance:  
Suppression of urine

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Urine ex. exam 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 \_\_\_\_\_, 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 H. K. Walker  
(Signed) \_\_\_\_\_, M. D.  
(Address) 301 N. 5 St Joseph 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.

STATEMENT BY LICENSED EMBALMER

J. Fred Terhune, Licensed Embalmer No. 1279

and by certify that the body recorded on the reverse side of this

certificate was embalmed by J. Fred Terhune

by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

(Signed) J. Fred Terhune  
Licensed Embalmer No. 1279

NOTE: The above MUST BE SIGNED BY THE EMBALMER AT THE TIME OF THE PROCEDURE. Failure to comply will result in the certificate being void.

RECEIVED  
LICENSED EMBALMERS No. 11,  
DISTRICT OFFICE, 1239-16 86  
Date Filed DEC 11 1939