

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

44084
Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 582
 (b) Township Jefferson Primary Registration District No. 5779
 (c) City St. Louis (d) Street No. _____ (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 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 47

2. PRINT FULL NAME

(a) Residence, No. Monroe Co., 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

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) Sept 24 - 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 10
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House
 9. Industry or business in which work was done, as saw mill, bank, etc. House
 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) Mo

FATHER 13. NAME Maudeth Clark
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Jeanie Allison
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wing

17. INFORMANT (ADDRESS) Samantha White

18. BURIAL, CREMATION, OR REMOVAL PLACE Alexander Co. Mo. Dec. 14 1934

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. H. Barnes
Blancher

20. FILED 12-14 1934 F. B. Barnett M.D.
 (By R. S.) Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1934

22. I HEREBY CERTIFY That I attended deceased from Dec 14 1934 to Dec 14 1934
 I last saw him/her on Dec 14 1934 Death is said to have occurred on the date stated above, at 1030A
 The principal cause of death and related causes of importance were as follows:

Myo-Carditis
1931
 Other contributory causes of importance:
Chronic Nephritis

Name of operation _____ 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? _____ 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) E. H. Barnes M. D.
 (Address) Blancher

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-1-12-39
 V. S. NO. 2.
 I X14023

RECEIVED

District Health Officer No. 10

District File Number 1-40-446

Date Filed JAN 11 1940

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 *E. E. Rupper*

Licensed Embalmer No. 878

P. O. Address *Blanner Mt*

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.