

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

6382
 Do not use this space.

REC'D MAR 11 1940

1. PLACE OF DEATH
 (a) County Cole Registration District No. 213
 (b) Township 21 Primary Registration District No. 2014 Registered No. 50
 (c) City Jefferson City (d) Street No. 215a Adams 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 Mrs. Clara Neef Clark
 (a) Residence, No. 215a Adams 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. W. A. Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1865

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
74	5	26	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton, Mo.

FATHER 13. NAME Herman Neef
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Brennisen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

17. INFORMANT Mrs. Helen Montgomery
 (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverview DATE Feb. 28, 40

19. FUNERAL DIRECTOR (NAME) John F. Heinrichs
 (ADDRESS) Jefferson City, Mo.

20. FILED 2/27/40 W. Besford Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Feb 26, 1940
 I last saw h. live on Feb 26, 1940 Death is said to have occurred on the date stated above, at 5:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis acute Feb 26 1940
Coronary atherosclerosis
 Other contributory causes of importance: Myocardial infarction 4-5
Cerebral arteriosclerosis 75

Name of operation None Date of None
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) W. Besford M. D.
 (Address) Jefferson 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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. I X 16805

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 John F. Heinrichs

Licensed Embalmer No. 3655

P. O. Address Jefferson 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.