DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6937

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 36

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 720 Walnut St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 33 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper
(c) City or town Carthage (If outside city or town limits, write "RURAL")
(d) Street No. 720 Walnut (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME CLARA E CLARK
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ben D. Clark
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased July (Month) 7 (Day), 1866 (Year)
8. AGE: Years 73 Months 5 Days 29 If less than one day ____ hr. ____ min.
9. Birthplace Cincinnati (City, town, or county), Ohio (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
FATHER
12. Name John Leiman
13. Birthplace Hanover (City, town, or county), Germany (State or foreign country)
MOTHER
14. Maiden name Minnie Aufderhaar
15. Birthplace Cincinnati (City, town, or county), Ohio (State or foreign country)
16. (a) Informant's own signature Mrs. Geo. Dyer
(b) Address Carthage
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9 40 (Month) (Day) (Year)
(c) Place: burial or cremation Red Oak Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Carthage, Mo. 81.5
19. (a) Feb. 9, 1940 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6 year 1940 hour 9:00 AM minute 20 A.M.
21. I hereby certify that I attended the deceased from Jan. 31, 1940, to Feb 6, 1940, that I last saw her alive on Feb 6, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart Failure	7 days
Due to Chronic Myocarditis	5 yrs
Due to Regurgitation	
Other conditions (Include pregnancy within 3 months of death) 92C	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature R. N. Wisler (M. D. or other)
Address Carthage Mo Date signed Feb 9, 40.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED
District Health Officer No. 6,
District File Number 340-767
Date Filed MAR 9 1948

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 [signature]

Licensed Embalmer No. 391

P. O. Address Carthage

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.