

WHILE FADING, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

26546  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Warren Registration District No. 881  
 (b) Township Elkhorn Primary Registration District No. 6171  
 (c) City Warrenton (d) Street No. \_\_\_\_\_  
 (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.  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_

2. PRINT FULL NAME Leora Clark  
 (a) Residence, No. Warrenton Mo Rural St. \_\_\_\_\_  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 10 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 4 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. House wife  
 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) Proy, Mo. 0

FATHER 13. NAME W. B. Martin 0  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moscow, Ind.

MOTHER 15. MAIDEN NAME Nancy Clark  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Proy, Mo.

17. INFORMANT (ADDRESS) Wm. D. Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE July - 6 - 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kemper Bros Proy Mo

20. FILED July 10, 1940 Warrenton, Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1939 to July 4, 1940  
 I last saw her alive on July 3, 1940 Death is said to have occurred on the date stated above, at 8:50 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Chro Cardio-vascular - renal disease Date of onset \_\_\_\_\_  
Mania  
 Other contributory causes of importance: Arteriosclerosis 12/1

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) W. Walter Cervenak M. D.  
 (Address) Warrenton, 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**

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 \_\_\_\_\_

Licensed Embalmer No. 1137 - 3507

P. O. Address Tray 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.**