

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2966

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

49
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5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper Co
(b) City or town Joplin Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital - 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: (in hospital or institution) 36 hrs (Specify whether
In this community 36 hrs - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Ottawa 999
(c) City or town Commerce 34
(If outside city or town limits, write "RURAL")
(d) Street No. 123 Cherry St
(If rural, give location) 2
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1941 hour 1:05 minute am M.
21. I hereby certify that I attended the deceased from 12-30-
_____ 1940 to 1-24 1941;
that I last saw him alive on 1-23 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Tuberculosis Rt. lung
Embolic Rt
Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Embolic Rt
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Earl Melton Clarkson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 4 40
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 3 20 hr. min.

9. Birthplace Miami Okla Ottawa 1
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Carl Clarkson
13. Birthplace Yellowville Ark. 1
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Burlington
15. Birthplace Miami Okla 1
(City, town, or county) (State or foreign country)

16. (a) Informant Father Carl Clarkson

(b) Address 123 Cherry St Commerce

17. (a) Miami Okla (b) Date thereof 1-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami Okla

18. (a) Signature of funeral director W. H. Fisher

(b) Address 123 Cherry St Commerce Okla

19. (a) 2-1-41 (b) W. H. Fisher
(Data received local registrar) (Registrar's signature)

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?
372
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. H. Fisher (M. D. or other) Dr.
Address Joplin Mo Date signed 1/24/41

41-2-187

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.....

R. Earl Fromm

....., Registered Apprentice No.....

working under my personal supervision.

Signed *R. Earl Fromm*

Licensed Embalmer No. *875*

P. O. Address *Picher, Okla.*

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.