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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10454

1950 APR 10 1941

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 72

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

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Jefferson (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 728 Michigan (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: / (Specify whether years, months or days)

In this community: 1 year /

2. USUAL RESIDENCE OF DECEASED: 26

(a) State: Missouri (b) County: Cole

(c) City or town: Jefferson City (If outside city or town limits, write "RURAL")

(d) Street No.: 728 Michigan Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Lillie E. Clardy

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: widow

6. (b) Name of husband or wife: John W. Clardy

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: December (Month) 10 (Day) 1854 (Year)

8. AGE: Years 86 Months 2 Days 20 If less than one day: hr. min.

9. Birthplace: Callaway County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: "

MOTHER FATHER

12. Name: Ruben L. Bowden

13. Birthplace: Not Known (City, town, or county) 9 (State or foreign country)

14. Maiden name: Not Known

15. Birthplace: (City, town, or county) 9 (State or foreign country)

16. (a) Informant: E. Clardy

(b) Address: Cedar City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March-4-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: River View Cemetery

18. (a) Signature of funeral director: Thos. J. Gordon

(b) Address: Jefferson City, Missouri

19. (a) 3-6-41 (Date received local registrar) (b) Ev Bedford M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 2nd year: 1941 hour: 10 minute: A.M.

21. I hereby certify that I attended the deceased from Feb 23rd, 1941, to Mar 2, 1941; that I last saw her alive on Mar 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia Lobar — Duration: 7 days

Due to:

Due to: DB

Other conditions (Include pregnancy within 3 months of death):

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: Boyce Mill (M.D. or other) MD

Address: Jefferson City Date signed: 3/5/41

(Licensed Embalmer's Statement on Reverse Side)

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 Thos. J. Gordon

Licensed Embalmer No. 1286

P. O. Address Jefferson City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.