DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11440

Registration District No. 592 Primary Registration District No. 4350 Registrar's No. 4

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

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Montgomery City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 months
years, months or days)

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

3. (a) PRINT FULL NAME Mary Louise Clark
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec (Month) 5 (Day) 1940 (Year)

8. AGE: Years | Months 1 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Montgomery City Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
FATHER
12. Name Unknown
13. Birthplace Montgomery City Mo
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jessie Forrest
15. Birthplace Montgomery City Mo
(City, town, or county) (State or foreign country)
16. (a) Informant William Forest
(b) Address Montgomery City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 3 1941 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Montgomery City Cemetery
18. (a) Signature of funeral director J A Maylen
(b) Address Montgomery City Mo
19. (a) March 3, '41 (Date received local registrar) (b) Buell Menifee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd year 1941 hour 8 minute a M.
21. I hereby certify that I attended the deceased from Feb. 1, 1941, 19..., to Feb. 3, 1941, 19...; that I last saw her alive on Feb. 2, 1941, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho pneumonia	3 days
Due to	
Due to	
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? 527 (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature Buell Menifee (M. D. ~~or other~~)
Address Montgomery City Mo. Date signed 3/3/41

(Licensed Embalmer's Statement on Reverse Side)

107

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.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.

No. 2B
4-25-41
X27852

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STANDARD CERTIFICATE OF DEATH

State File No. 11440

Registration District No. 592 Primary Registration District No. 4350 Registrar's No.

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

SUPPLEMENTARY

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Louise Clark
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
	1	28	hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	
Due to Primary Infection	
Due to	
Other conditions (Include pregnancy within 3 months of death) 107	

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 Buell Menefee (M. D. ~~or other~~)
Address Montgomery City Mo Date signed 6-9-41

11440