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X23159

ISSUED SEP 2 1941
685

STANDARD CERTIFICATE OF DEATH

State File No. 39997
Registrar's No. 15-

Registration District No. _____

Primary Registration District No. 4409

1. PLACE OF DEATH: Pike
 (a) County: CLARKSVILLE
 (b) City or town: CLARKSVILLE
 (c) Name of hospital or institution: 1
 (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: MO (b) County: Pike
 (c) City or town: CLARKSVILLE
 (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: Nancy J. Owens

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 30
 year 1941 hour 6-30 minute P M.

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

21. I hereby certify that I attended the deceased from Aug 10, 1941, to Aug 30, 1941;
 that I last saw her alive on Aug 25, 1941;
 and that death occurred on the date and as stated above.
 Immediate cause of death: Cerebral hemorrhage

4. Sex: Female 5. Color or race: Colored
 6. (a) Single, widowed, married, divorced: Widow

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

7. Birth date of deceased: May (Month) 18 (Day) 1875 (Year)

8. AGE: Years 98 Months 9 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation: Housekeeper

11. Industry or business: _____

12. Name of informant: Elijah Greene

13. Birthplace: MAYESVILLE KY (City, town, or county) (State or foreign country)

14. Maiden name: LUCY BOOKER (City, town, or county) (State or foreign country)

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

16. (a) Informant: Mollie D. Duncanson (b) Address: 616 Walnut St. Middletown

17. (a) _____ (b) Date thereof: Aug 7 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood

18. (a) Signature of funeral director: Harry Harrell (b) Address: Clarksville, Mo

19. (a) 9/1/41 (Date received local registrar) (b) W. W. ... (Registrar's signature)

Due to: Arterio-sclerosis unknown

Due to: Age unknown

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? _____

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

23. Signature: E. M. Bartlett (M. D. or other) 0
Address: Clarksville, Mo Date signed: 9/1/41

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

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8200

SEP 3 0 1941

RECEIVED

District Health Officer No. 10

District File Number 9-4-1737

Date Filed SEP 18 1941

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed: Harry L. Barroel

Licensed Embalmer No. 2439

P. O. Address Clarksville TN

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, fact should be so stated above.