

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30968**

Registration District No. **66**

Primary Registration District No. **5102B**

Registrar's No. **11**

1. PLACE OF DEATH:

- (a) County **Bollinger**
(b) City or town **Rural Lorette township**
(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 **Several years** (Specify whether years, months or days) **Since early childhood**
In this community

3. (a) PRINT FULL NAME **Martha Ann Elizabeth Clark**

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

7. Birth date of deceased **Nov. 7 1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 9 17 hr. min.

9. Birthplace **1 Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business:

12. Name **Fredrick F. Whitworth**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Catherine Humphrey**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Clara Clark**
(b) Address **Lutesville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation **Dry Creek cemetery**

18. (a) Signature of funeral director **Baker Funeral Home**
(b) Address **Lutesville, Mo.**

19. (a) **20/4/1** (b) **Willie H. Newcomb** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Mo.** (b) County **Bollinger**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **Near Lutesville, Mo.** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **24th** year **1941** hour **9:00** minute **15** P. M.

21. I hereby certify that I attended the deceased from **8/23/41** to **8/24/41**
that I last saw him alive on **8/24/41** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
Due to **arteriosclerosis**
Due to **arteriosclerosis of stomach**

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 **John C. Myer** (M. D. or other) _____
Address **Lutesville, Mo.** Date signed **8/25/41**

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

J. B. Graham

Licensed Embalmer No.....

4010

P. O. Address.....

Leavenworth, 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, fact should be so stated above.