

FILED DEC 10 1941

State File No. _____

Registration District No. 245

Primary Registration District No. 6162

Registrar's No. 339

1. PLACE OF DEATH:

(a) County Nevada
(b) City or town Nevada Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 28 years 6 mo. 20 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar
(If outside city or town limits write "RURAL")
(d) Street No. none
(If rural, give location)
(e) If foreign born, how long in U. S. A. unknown (many years) years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 41 hour 4 minute A M.

21. I hereby certify that I attended the deceased from
Oct 1939, to Nov 29 1941;
that I last saw her alive on Nov 29 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Arteriosclerotic Heart Disease

Duration

Due to _____
Due to 93d

Other conditions Manic-depressive psychosis (chronic)
(Include pregnancy within 3 months of death)
Major findings:
Of operations none

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) No.
(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 5

23. Signature Paul L. Barone (M. D. or other) M.D.
Address State Hosp No 3 Date signed Nov 29

3. (a) PRINT FULL NAME ANNA-CLARK.

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife Charles Clark 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased March 24 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace unknown Russia
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business none

MOTHER FATHER
12. Name Ludwig Fraley
18. Birthplace unknown Poland
(City, town, or county) (State or foreign country)
14. Maiden name Justine Lee
15. Birthplace unknown Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp No 3

(b) Address Nevada, Mo.

17. (a) Revised (b) Date thereof 12/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital

18. (a) Signature of funeral director Walter Leisinger
(b) Address Nevada, Mo.

19. (a) 12-11-1941 (b) Allen V Hoop
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 12-41-1985

Date Filed 12-8-41

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 Mark Eickinger
Licensed Embalmer No. 26156
P. O. Address Nevada, 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, above space should be left blank.