

FILED JAN 20 1942

Registration District No. 496

Primary Registration District No. 2025

## 1. PLACE OF DEATH:

- (a) County Linn  
 (b) City or town Rural Brookfield  
 (c) Name of hospital or institution:  
 (If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution  
 In this community Lifetime (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Vivian Clarkson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband Paul Clarkson 6. (c) Age of husband or wife if alive 32 years7. Birth date of deceased February 5 1913  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
28 11 0 hr. min.9. Birthplace Bessemer Michigan  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business

12. Name Lourence Ireland  
 13. Birthplace Cincinnati Ohio  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Paula Anderson  
 15. Birthplace Grenada Colorado  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Clarkson(b) Address Brookfield Mo.17. (a) Burial (b) Date thereof Jan 7 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Brookfield Mo.18. (a) Signature of funeral director Bowden Funeral Home  
(b) Address Brookfield, Mo.19. (a) 1-6-1942 (b) W. W. Conner  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Linn  
 (c) City or town Rural Brookfield  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route No 3  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 0 years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5  
year 1942 hour 9 minute 58 P.M.21. I hereby certify that I attended the deceased from  
March 3, 1941 to Jan 5, 1942  
that I last saw her alive on Jan 5, 1942  
and that death occurred on the date and hour stated above.

## Immediate cause of death

Chronic Intestinal NeoplasiaDue to Hypertension

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death) 131a

## Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

## 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)  
(c) Means of injury \_\_\_\_\_23. Signature W. W. Conner (M. D. or other) P.O.  
Address Brookfield Mo Date signed 1-6-42

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**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.....

*Homer Bowden*

Licensed Embalmer No.....

P. O. Address.....

*30295  
Brookfield 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.**