DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

Registration District No. 946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3025

Dr. Mo. 11216

State File No.

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McLarney Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether

In this community 70 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 058

(c) City or town Brookfield (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.? 0 years.

3. (a) PRINT FULL NAME CLARENCE-CLARKSON

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emma Clarkson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. (Month) 14 (Day) 1866 (Year)

8. AGE: Years 75 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Lapraire (City, town, or county) Illinois (State or foreign country)

10. Usual occupation

11. Industry or business Retired Grocer

FATHER
12. Name William M Clarkson
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Jane Moore
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elliott Clarkson

(b) Address Brookfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 6-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery - Brookfield

18. (a) Signature of funeral director Hill Chapel

(b) Address Brookfield

19. (a) 4-6-1942 (Date received local registrar) (b) H H Cowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1942 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 3/6, 1942, to 4/4, 1942; that I last saw him alive on 4-6, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute myocarditis	1 da
Due to Fistula Hip (3/6/42) Arteriosclerosis - Hypertension	
Due to Chr. Interstitial nephritis	6 mo.
Other conditions 0 (Include pregnancy within 3 months of death)	
Major findings: Of operations 0	195
Of autopsy no	99

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) 0

(b) Date of occurrence 0 058

(c) Where did injury occur? 0 (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? 0 (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address Brookfield Mo Date signed 4/7/42

454 (Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

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. H. Blackstock

Licensed Embalmer No. 2246

P. O. Address 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.