

FILED JUL 23 1942
Registration District No. 213

Primary Registration District No. 3014

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution four days
(Specify whether

In this community 4
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Carol Lou Clark

3. (b) If veteran, name war L

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1942 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 22nd to June 24th 1942
that I last saw h. alive on June 23rd (3pm) 1942
and that death occurred on the day and hour stated above.

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced ✓

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

7. Birth date of deceased X 18 May 6-1942
(Month) (Day) (Year)

Immediate cause of death Pneumonia
(7 mos)

Duration _____

8. AGE: Years _____ Months 1 Days 18 If less than one day _____ hr. _____ min.

Due to _____

Due to malacasmus

Other conditions Eubacteriophages
(Include pregnancy within 3 months of death)

9. Birthplace Merina MO
(City, town, or county) (State or foreign country)

Major findings: Of operations _____ Of autopsy _____

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PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name John Henry Clark

13. Birthplace Jefferson City, MO
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Robinson

15. Birthplace Appleton, MO
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Clark
(b) Address Jefferson City, MO

17. (a) Burial (b) Date thereof 6-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Germany

18. (a) Signature of funeral director W. C. Cunningham
(b) Address Jefferson City, MO

19. (a) 6-26-42 (b) Norma B. Banta
(Date received local registrar) (Registrar's signature)

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 W. B. Hausman (M. D. or other) _____
Address Jefferson City, MO Date signed 6/25/42

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.

not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.