

FILED JUL 20 1942

Registration District No. 1155

Primary Registration District No. 6065

Registrar's No.

00
00
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Scott

(b) City or town: Illmo, Reynolds

(c) Name of hospital or institution: /

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

(d) Length of stay: 2 In hospital or institution. (Specify whether)

In this community: _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Scott + 100

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

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: Rosa Elizabeth Clark

3. (b) If veteran, name war: _____ 3. (c) Social Security No. none

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

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

7. Birth date of deceased: May 9 1862

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 1 16 hr. _____ min.

9. Birthplace: Bloomfield, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: _____

MOTHER FATHER

12. Name: Jasper Taylor

13. Birthplace: Dont know (City, town, or county) (State or foreign country)

14. Maiden name: Dont know

15. Birthplace: Dont know (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Pearl Jenkins

(b) Address: Illmo, Mo.

17. (a) Date of death: June 28 1942 (Month) (Day) (Year)

(b) Place: burial or cremation: Memorial Park, Cape Co.

18. (a) Signature of funeral director: [Signature]

(b) Address: Illmo, Mo.

19. (a) JUN 29 1942 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 25 1942 day

year _____ hour 11 minute P M.

21. I hereby certify that I attended the deceased from Mch. 9 1939, 19 _____, to Jun. 25 1942, 19 _____; that I last saw her alive on June 25 1942, 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of liver

Due to: _____

Due to: _____

Other conditions: Senility (Include pregnancy within 3 months of death)

Major findings: 46f

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): _____

(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: 0

23. Signature: [Signature] (M. D. of the State) ####

Address: Illmo, Mo. Date signed: _____

RECEIVED
District Health Office No. 2,
District File Number 742-818
Date Filed JUL 12 1947
13

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 Marion Dupont Hoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.