

FILED SEP 14 1942

Registration District No. 632

Primary Registration District No. 6277

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Myrtle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Myrtle
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cora Kirkpatrick Clark

3. (b) If veteran, name war. -- 3. (c) Social Security, No. --

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

6. (b) Name of husband or wife Charles L. Clark 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 6 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 2 6 hr. min.

9. Birthplace Elm Store Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name H. C. Kirkpatrick

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

14. Maiden name Mary Jane Brewer

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

16. (a) Informant Mary E. Clark

(b) Address Myrtle, Mo.

17. (a) Burial (b) Date thereof 5/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myrtle, Mo.

18. (a) Signature of funeral director Thayer

(b) Address Thayer, Mo.

19. (a) 6-6-42 (b) Jae O. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1942 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 12 1942 to May 12 1942
that I last saw alive on May 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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) (2) Means of injury _____

23. Signature Thayer (M.D. or other) _____

Address Thayer, Mo. Date signed 5-24-42

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

MOTHER FATHER

1112

RECEIVED

Sanit Health Officer No. 5,

District File Number 942799

Date Filed 9-11-72

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.....

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.