

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 188

Primary Registration District No. 5699

Registrar's No. 10

59  
8  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Quail Fairview Twp.  
(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 years, months or days)

In this community 28 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Quail Avalon P.P.#1  
(If outside city or town limits, write "RURAL")

(d) Street No. Fairview Twp.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louisa 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 Widowed

6. (b) Name of husband or wife Chester Clark 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 22 1863  
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Moses Land

13. Birthplace Saint Clair Co. Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Jessie J. Humphrey

15. Birthplace Saint Clair Co. Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Galdie Beazer

(b) Address Avalon Mo.

17. (a) Burial (b) Date thereof Oct 29 '42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe Cemetery

18. (a) Signature of funeral director James D. Jordan

(b) Address Chillicothe Mo.

19. (a) Oct 28 1942 (b) Mrs. Van D. Fullerton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27 year 1942 hour \_\_\_\_\_ minute 6 A. M.

21. I hereby certify that I attended the deceased from Oct 16 1942 to Oct 27 1942 that I last saw her alive on Oct 26 1942 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Bronchial Pneumonia 7 Days

Due to Influenza 7 Days

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

Other conditions (include pregnancy within 3 months of death) 330

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

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

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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Chillicothe MO Date signed 10/27-42

**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.

Signed.....

*James D Gordon*

Licensed Embalmer No. *1870*

P. O. Address *Lehullicoth, Md*

**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.**