S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

Registration District No. 207

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5258

State File No. 34257

Registrar's No. 164

63 0 0

1. PLACE OF DEATH:
(a) County Maries
(b) City or town Rural Miller 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 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Maries
(c) City or town Rural —
(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

63 0 0

3. (a) PRINT FULL NAME Milda Emaline 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 William D. Clark
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 29 (Day) 1851 (Year)
8. AGE: Years 91 Months 4 Days 11 If less than one day — hr. — min.
9. Birthplace Maries Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife —
11. Industry or business —
FATHER
12. Name Jim Rowden
13. Birthplace Maries Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Margaret Lawson
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Ed Clark
(b) Address Dixon, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Zion
18. (a) Signature of funeral director Fred L. Allison
(b) Address Dixon Mo
19. (a) 10-14-42 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10 year 1942 hour 8 minute a. M.
21. I hereby certify that I attended the deceased from Sept. 1, 1942 to October 9, 1942 that I last saw her alive on October 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of lower lip	1½ yrs
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

45a

Major findings:
Of operations —
Of autopsy —

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 —
23. Signature Donley Yates (M. D. or other) D.O.
Address Brinktown, Mo Date signed 10-11-42

1096 (Licensed Embalmer's Statement on Reverse Side)

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.....

October 10, 1942 Registered Apprentice No.....,

working under my personal supervision.

Signed Fred D. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.