

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN - 9 1943

Registration District No. 181

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5406

State File No. 40646

Registrar's No. 75

1. PLACE OF DEATH:

- (a) County Douglas
(b) City or town Rural Limick Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(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.....
years, months or days)

3. (a) PRINT FULL NAME MARY COOK

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, 2 divorced WIDOW
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years

7. Birth date of deceased Nov 17 1847
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
95 1 hr. min.

9. Birthplace Virginia = Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Louis Clark
13. Birthplace Virginia (State or foreign country)
14. Maiden name Mary Clark
15. Birthplace Virginia (State or foreign country)

16. (a) Informant Rose Painter
(b) Address Seymour

17. (a) Burial (b) Date thereof Dec 18-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cem

18. (a) Signature of funeral director Kelly-Ferrill
(b) Address Seymour Mo.

19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Douglas
(c) City or town Rural Limick
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death Death due to old age and natural causes without medical Dr.'s presence
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) (e) Means of injury.....

23. Signature Shelma S. Waters Registrar
Address Ava Mo Date signed 1-5-43

1056

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

This Body was not Embalmed

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40646

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Douglas
(b) City or town Rural
(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 _____ years, months or days)

3. (a) PRINT
FULL NAME

3. (b) If veteran,
name war. _____

3. (c) Social Security
No. _____

4. Sex 7

5. Color or
race W

6. (a) Single, widowed, married,
divorced W

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov 17 - 1884
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

95 -

1

1

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

Shorris Clark

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Mary Clark

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

1-28-43
(Date received local registrar)

(b)

Thelma S. Waters
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Douglas
(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? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

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

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

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

Address _____ Date signed _____

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

