S. No. 2
M—9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3622

FILED FEB 9 1943

Registration District No. 1323

Primary Registration District No. 6090

Registrar's No. 89

97
0
0

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Mt Leonard
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Liberty [illegible]
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Ellis her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Mt Leonard 0
(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 0

3. (a) PRINT FULL NAME SARAH D. CLARK

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race Blk

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife William Clark

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

7. Birth date of deceased May (Month) 6 (Day) 1863 (Year)

8. AGE: Years 79 Months 8 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Saline Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business ✓

FATHER
12. Name Levi Davis
13. Birthplace Dent Know 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dent Know
15. Birthplace Dent Know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Sadie Howard
(b) Address 622 Custer St Council Grove

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Malta Bend Mo

18. (a) Signature of funeral director Campbell Lewis
(b) Address Marshall Mo

19. (a) Jan 2943 (Date received local registrar) (b) Mrs Dora Hoffmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1943 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Aug '37 ....., 19..., to Jan 25, 1943, that I last saw her alive on Jan 26, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral hemorrhage	2 days
Due to Hypertension	years
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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Paul Lowell 0 (M. D. or other)
Address Blackburn Mo Date signed 8-29-43

1218

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 2-8-43

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. R.W. Campbell

Licensed Embalmer No. 3469

P. O. Address. Marshall N

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.