

FILED MAR 18 1943

Registration District No. 247D

Primary Registration District No. 247D

Registrar's No. _____

1. PLACE OF DEATH:

(a) County NEW MADRID
(b) City or town Lewis Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether
In this community ABOUT 4 YEARS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles west of Hillsboro
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA CLARK

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

4. Sex FEMALE 5. Color or race COLORED 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ARTHUR CLARK 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased 4 (Month) 28 (Day) 1911 (Year)

8. AGE: Years 31 Months 10 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name UNK.

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

14. Maiden name UNK.

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

16. (a) Informant Arthur Clark

(b) Address Hillsboro, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Cation

18. (a) Signature of funeral director Richards and Co.

(b) Address New Madrid, Mo.

19. (a) 7-14-1943 (Date received local registrar) (b) Wm. J. Barrett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 7, 1943, to March 8, 1943.
that I last saw her alive on March 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death unknown - probably acute nephritis

Duration

1 week

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

130

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 E. J. Jones (M. D. or other)

Address Hillsboro Mo Date signed 2-9-43

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

MOTHER FATHER

MAY 10 1948

APR 1 1948

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 *Leo Hedgpeth*
Licensed Embalmer No. *3803*
P. O. Address *New Madrid, 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.