

FILED JUN 7 1943 / 0

Primary Registration District No. 3002

4
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mexico General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma Anna Clark

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Pleasant W. Clark

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

7. Birth date of deceased August 29, 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Marthasville, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Georgia Hollenberg

(b) Address Augusta, Missouri

17. (a) Removal (b) Date thereof May 30, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Augusta, Missouri

18. (a) Signature of funeral director Wentzville, Mo.

(b) Address Wentzville, Mo.

19. (a) May 30-1943 (b) Margaret H Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

(c) City or town MX R.F.D. #1
(If outside city or town limits, write "RURAL")

(d) Street No. McKittrick 0
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 29
1943 to May 30, 1943
that I last saw her alive on May 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — 2 days

Due to Chronic Interstitial nephritis

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 13/10

Of autopsy

Duration

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?

23. Signature W. S. ... (M. D. or other) 2 10
White at work? (Specify type of place) (e) Means of injury

Address MEXICO MO Date signed 5/31/43

RECEIVED

District Health Officer No. 10

District File Number 6-47956

Date Filed JUN 5 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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.