

FILED MAY 24 1943
Registration District No. 3026

Primary Registration District No. 3026

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
404 E. Logan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 42 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 404 E. Logan
(If rural, give location)

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

3. (a) PRINT FULL NAME Katie Neil Clark

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1943 hour 9 minute 10 a.m.

4. Sex Female 5. Color or race White

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

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

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

7. Birth date of deceased Jan 3rd 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1, 1943, to April 7, 1943;
that I last saw her alive on April 7, 1943;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>4</u>	_____ hr. _____ min.

Immediate cause of death:
- chronic ulcers and edema
aspirin as stimulant
Due to Rheumatic Heart Disease

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

Due to Rheumatoid arthritis

10. Usual occupation At home

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name William H. Tilger

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

14. Maiden name Rebecca Watkins

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant J. W. Clark

(b) Address Moberly, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 9th 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly, Mo

19. (a) 4-9-43 (Date received local registrar) (b) Jenna Haver (Registrar's signature)

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)

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

Address Moberly, Mo Date signed 4/9/43

SEP 9 1943

OCT 1 1945

RECEIVED

District Health Officer No. 10

District File Number 5-43-864

Date Filed MAY 21 1943

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.