

S. No. 2
M-9-4-41
K. 5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22011**
Registrar's No. **31**

Registration District No. **225**

Primary Registration District No. **4335**

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

1. PLACE OF DEATH:

(a) County **Moniteau**

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

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None** (Specify whether years, months or days)

In this community **Seven Years**

3. (a) PRINT FULL NAME **Alice Ann 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 **H.L. Clark**

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

7. Birth date of deceased **July 1 1853**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	11	10	hr. min.

9. Birthplace **Moniteau County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **At Home**

MOTHER FATHER

12. Name **Calvin Gist**

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

14. Maiden name **Kathryn Doggett**

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

16. (a) Informant **Mrs. Katie Pedego**

(b) Address **Tipton, Missouri**

17. (a) **Burial** (b) Date thereof **6-13-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moreau Cemetery**

18. (a) Signature of funeral director **Jessie E. Richards**

(b) Address **Tipton, Mo**

19. (a) **June 12, 1943** (b) **Mrs. Lewis Ferguson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**

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

(d) Street No. **EAST-MORGAN STREET**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11**
year **1943** hour **2** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **1-1-42**
to **6-11-43**
that I last saw him alive on **6-11-43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Duration

Due to **Cerebral Hemorrhage**

Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: **82a**

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)

23. Signature **J.B. Norman** (M. D. or other)

Address **6-12-43** Date signed **6-12-43**

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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 Me
; Registered Apprentice No. _____
working under my personal supervision.

Signed Jessie E. Richard
Licensed Embalmer No. 2466
P. O. Address Lypton Ave

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.