

FILED OCT 9 1943

Registration District No. 377

Primary Registration District No. 62-8 434-7

Registrar's No.

1. PLACE OF DEATH:

(a) County North  
(b) City or town Grant city, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 3 yrs. years, months or days)

3. (a) PRINT FULL NAME LOUISE BELLE CLARK

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married  
2 divorced Widowed

6. (b) Name of husband or wife George Clark 6. (c) Age of husband or wife if  
alive 1961 years

7. Birth date of deceased. Sept. 10 1861  
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 25 If less than one day  
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Stephen Rybalt

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

14. Maiden name Sarah Ellen Rybalt

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

16. (a) Informant John Spurgeon

(b) Address Grant city, Mo.

17. (a) Burial (b) Date thereof 8-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackstone

18. (a) Signature of funeral director J. C. Dumble

(b) Address Grant city, Mo.

19. (a) Aug 25-1943 (b) Arline Seaton  
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North  
(c) City or town Grant city, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 113 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4  
year 1943 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug 4  
43 to Aug 4 1943  
that I last saw her alive on Aug 4 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Duration 2 1/2

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy no

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 Arline Seaton (M.D. or other)  
Address Grant city Mo. Date signed 8/5/43

**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

*Arch C. Dumble*

Licensed Embalmer No.

*3252*

P. O. Address

*Grant City 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.**