

V. S. No. 2  
50M-5-42  
Rev. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26967**

Registration District No. **105**

Primary Registration District No. **4177**

Registrar's No. **2**

35  
0  
0

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

**1. PLACE OF DEATH:**  
 (a) County Dunklin  
 (b) City or town Clarkton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Dunklin  
 (c) City or town Clarkton  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Ruth Freeman  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month January day 21  
 year 1944 hour \_\_\_\_\_ minute 40 A.M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Sept. 3 1909  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 20-1944 to Jan 21 1944  
 that I last saw her alive on Jan 21 1944 and that death occurred on the date and hour stated above.  
 Immediate cause of death Pneumonia  
 Duration 3 hrs

**8. AGE:**  
 Years 34 Months 4 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to 330  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Arkansas  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housework

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name Frank Freeman  
 13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)  
 14. Maiden name Dora Baker  
 15. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Dowdy  
 (b) Address Clarkton, Missouri  
 17. (a) Burial (b) Date thereof 1-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lynn Oak

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? \_\_\_\_\_  
(Specify type of place)  
 While at work? \_\_\_\_\_ (Specify type of injury)

18. (a) Signature of funeral director Lester F. ...  
 (b) Address Dampbell, Missouri  
 19. (a) Jan 27, 1944 (b) Laverne Dunn  
(Date received local registrar) (Registrar's signature)

23. Signature S. S. ... (M. D. or other) \_\_\_\_\_  
 Address Malden Mo Date signed 1/26/44

1241

RECEIVED

District Health Office No. 2,

District File Number 244 300

Date Filed 2-7-44

---

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.