

FILED FEB 14 1944

Registration District No. 183

Primary Registration District No. 56

Registrar's No. 2

1. PLACE OF DEATH:  
(a) County Wheeler  
(b) City or town Wheeler, Rural, W. Va.  
(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  
In this community 64 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State W. Va. (b) County Lincoln  
(c) City or town Eversonville, W. Va.  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME ANNA-ELIZABETH CLARKSON

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 8  
year 1944 hour 5 minute P M.

3. (b) If veteran, name war ..... 3. (c) Social Security No. ~~.....~~

21. I hereby certify that I attended the deceased from Aug, 1943 to Jan 8, 1944  
that I last saw her alive on Jan 8, 1944  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced m.  
6. (b) Name of husband or wife Geo. Clarkson 6. (c) Age of husband or wife if alive 86 years  
7. Birth date of deceased Sept. 11 1896  
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris

8. AGE: Years 77 Months 3 Days 27 If less than one day hr. min.

Due to obstruction of coronary arteries

9. Birthplace Marion Co. Ky. (City, town, or county) (State or foreign country)

Due to .....

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 94

11. Industry or business James H. Harrigan

Major findings: Of operations 0

12. Name .....

Of autopsy 0

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

14. Maiden name not known

15. Birthplace 11 (City, town, or county) (State or foreign country)

16. (a) Informant Geo. C. Clark  
(b) Address Wheeler, W. Va.

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 .....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1944  
(Month) (Day) (Year)  
(c) Place: burial or cremation Strawberry Hill

18. (a) Signature of funeral director E. J. Rablison  
(b) Address Parsons, W. Va.

23. Signature W. N. McGuire (M. D. or other) 0  
Address Wheeler, W. Va. Date signed Jan 10 1944

19. (a) Jan 10 1944 (Date received local registrar) W. C. Woolf (Registrar's signature)

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

58  
0  
0

**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.....

*John M. Robertson*....., Registered Apprentice No. *353-*  
working under my personal supervision.

Signed *E. J. Robertson*.....

Licensed Embalmer No. *2468*.....

P. O. Address *Fareeds, 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.**