

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7507

FILED MAR 13 1944
Registration District No. 5609

Primary Registration District No. 5609

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural, Rose Hill Twp.
(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
In this community 10 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Rural
(d) Street No. Southwest of Holden, Mo.
(e) Citizen of foreign country? no
If yes, name country XX

3. (a) PRINT FULL NAME CAROLINE CLARK

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

4. Sex female 5. Color or race cauc 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Arthur Lee Clark 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased September 27, 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER { 12. Name Jack Badger
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown

16. (a) Informant Arthur Lee Clark
(b) Address Holden, Missouri

17. (a) Burial (b) Date thereof 2/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon, Mo.

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri

19. (a) 2-14-44 (b) Rathyn S. Canaday
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1944 hour 11/45 minute A M.

21. I hereby certify that I attended the deceased from April 12, 1942, to Feb 9, 1944; that I last saw her alive on Feb 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis

Due to J-3a
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations J-3a
Of autopsy J-3a

Duration
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) (e) Means of injury /

23. Signature Kelly Rawlins (M. D. or other) /
Address Holden Mo. Date signed 2/14/44

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

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..... *M. G. Canaday*

Licensed Embalmer No. *3434*

P. O. Address..... *Holden, Mass*

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.