S. No. 2
M—5-42
5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1944

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 14240

Primary Registration District No. 3007

Registrar's No. 137

**1. PLACE OF DEATH:**

(a) County BUTLER

(b) City or town POPLAR BLUFF
(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 —
(Specify whether years, months or days)
In this community 64 YEARS

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County BUTLER /

(c) City or town RFD #5 - POPLAR BLUFF
(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 SARAH MAENNETTA CLARK

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE /

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHN MARSHALL CLARK

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased FEB (Month) 12 (Day) 1860 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 84 | 2 | 10 | hr. min. |

9. Birthplace EDWARDS CO (City, town, or county) ILL / (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name EDWARD FEVERSTON
13. Birthplace FEVERSTONE (City, town, or county) ENGLAND / (State or foreign country)

MOTHER
14. Maiden name SALLIE KELLEY
15. Birthplace (City, town, or county) VA / (State or foreign country)

16. (a) Informant Harry G. Bradley
(b) Address Gen Del Poplar Bluff Mo

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof APR (Month) 26 (Day) 1944 (Year)
(c) Place: burial or cremation MAR CLE HILL CEM.

18. (a) Signature of funeral director H. P. Phelps
(b) Address Poplar Bluff Mo

19. (a) 4-29-44 (Date received local registrar) (b) Billie Kinne (Registrar's signature)

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**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month APR day 22" year 1944 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4-22, 1944, to 4-22, 1944; that I last saw her alive on 4-22, 1944; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cardiac decompensation. | Unknown |
| Due to Valvular heart disease | Unknown |
| Due to | |
| Other conditions Unknown (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

92d

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Fonda (M. D. ~~or other~~)

Address Poplar Bluff, Mo. Date signed 4/25/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 544-672
Date Filed 5-11-44

**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: N. T. Phillips

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff, 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.**