V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21530

FILED JUN 22 1944

Registration District No. _____ Primary Registration District No. 2000 Registrar's No. 496

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

39 2 6

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1601 W. Walnut
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution None (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield, Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1601 W. Walnut 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Maude Lee Clark
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John C. Clark
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan. 26, 1880 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	4	16	hr. min.

9. Birthplace Polk Co. (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name D. J. Rowden
13. Birthplace Unk. (City, town, or county) Mo. 0 (State or foreign country)
MOTHER 14. Maiden name Catherine Mayfield
15. Birthplace Unk. (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Glen W. Wilson
(b) Address 2037 N. Travis, Sgt. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/44 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hope
18. (a) Signature of funeral director Dunn Funeral Home
(b) Address Springfield, Mo.
19. (a) 6-12-44 (Date received local registrar) (b) B. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1944 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from 6-1-44, 19..., to 6-12-44, 19...; that I last saw h.s.k. alive on 6-11-44, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	8 hrs.
Due to Hypertensive Heart Disease	6 mo.?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [illegible] (M. D. or other) M.D.
Address Springfield, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 C. D. McCracken

Licensed Embalmer No. 2891

P. O. Address.....

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.