

FILED AUG 12 1944  
Registration District No. 47

Primary Registration District No. 3008

14  
21  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 1 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 w. 2 mo. 29 day  
(Specify whether)

In this community same  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 14

(c) City or town Clarence 2  
(If outside city or town limits, write "RURAL")

(d) Street No. R F D  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME MARY L. GLARK

3. (b) If veteran, name war D.K.

3. (c) Social Security No. D.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
year 1944 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 1  
1944, to July 18 1944  
that I last saw her alive on July 18 1944  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife: deceased

6. (c) Age of husband or wife if alive 1872 years (Day) (Year)

7: Birth date of deceased. July 5 1872  
(Month) (Day) (Year)

Immediate cause of death. Generalized Actin Sclerosis

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) PM

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years 72 Months 13 Days 13 If less than one day hr. min.

9. Birthplace Benton Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

MOTHER FATHER

11. Industry or business.....

12. Name Robert J. Capp

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

14. Maiden name Sarah E. Powell

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

16. (a) Informant Reverend

(b) Address State Hospital No. 1

17. (a) Removal (b) Date thereof 7-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarence Mo. Miller, Burial

18. (a) Signature of funeral director Clarence Mo.

(b) Address 7-18-1944 (b) Jocia Morishoff  
(Date received local registry) (Registrar's signature)

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) (e) Means of injury U

While at work?.....

Signature H. P. Purr MD (M. D. or other) U

Address Clarence Mo. Date signed 7/18/44

RECEIVED  
District Health Officer No: 9,  
District File Number.....  
Date Filed 8-10-44

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.....  
.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed *Deey A. Packel*

Licensed Embalmer No. 3835

P. O. Address *Shelby 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.