

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 51110

FILED DEC 27 1944

Registration District No. 228

Primary Registration District No. 2000

Registrar's No. 887

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

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

(c) Name of hospital or institution **705 W. TURNER**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **GREENE**

(c) City or town **SPRINGFIELD**
(If outside city or town limits, write "RURAL")

(d) Street No. **705 W. TURNER**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **BERTHA E. CLARK.**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **UNK.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **6**
year **1944** hour **12** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Nov 8** 19... to **Dec 6** 1944
that I last saw him alive on **Dec 6** 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 **MARRIED**

6. (b) Name of husband or wife **CHARLES HARRY CLARK** 6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased: **Jan. 26, 1910**
(Month) (Day) (Year)

Immediate cause of death **acute tubercular heart disease** Duration

Due to **Chronic Brights disease of kidneys**

Due to.....

Other conditions **acute heart attack**
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	34	10	10	hr. min.

9. Birthplace **Paduchh Ky. 1**
(City, town or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **At Home**

12. Name **John A. Smith**

13. Birthplace **Paducah Ky. 1**
(City, town or county) (State or foreign country)

14. Maiden name **Daisy Grace Clark**

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

16. (a) Informant **Charles Harry Clark**
705 W. Turner Springfield - Mo.
(b) Address

17. (a) **Burial** (b) Date thereof **Dec 9-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellview Cem**

18. (a) Signature of funeral director **J. W. Ingwer Co.**

(b) Address **Springfield, Mo.**

19. (a) **12-8-44** (b) **D. W. McHardy**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations.....

Of autopsy **12/6**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **NO**

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence **—**

(c) Where did injury occur? **— none**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **no** (Specify type of place) (e) Means of injury

23. Signature **W F Kern** (M. D. or other)
Address **Springfield Mo** Date signed **12/7 1944**

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

MOTHER FATHER

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.....

Max Rhodes

Licensed Embalmer No.

4071

P. O. Address.....

Springfield

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.