

FILED DEC 16 1944

Registration District No. 2

Primary Registration District No. 4320

Registrar's No. 61

1. PLACE OF DEATH: Marion
 (a) County Marion
 (b) City or town Palmyra
(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 410 S. Main St.
(Specify whether _____)
 In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED: 64
 (a) State Missouri (b) County Marion
 (c) City or town Palmyra
(If outside city or town limits, write "RURAL")
 (d) Street No. 410 S. Main St.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jessie V. Clark
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month II day 2
 year 1944 hour 3 minute 39 A.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife J. D. Clark 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June I6 I853
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
91 4 16 hr. _____ min. _____

Immediate cause of death Coronary thrombosis
Arterial sclerosis
 Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 94a

10. Usual occupation _____
 11. Industry or business _____

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name John B. Valliant
 13. Birthplace Philadelphia Pa.
(City, town, or county) (State or foreign country)
 14. Maiden name Angaline Balm
 15. Birthplace Philadelphia Pa.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Preston Mathiews
 (b) Address Hannibal Mo.
 17. (a) Greenwood Cem. (b) Date thereof Nov. 4-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Palmyra Mo

While at work? _____ (Specify type of place) (c) Means of injury _____

18. (a) Signature of funeral director A. C. Sprague
 (b) Address Palmyra Mo.
 19. (a) Nov. 2-44 (b) Malaret Medda
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
 Address Palmyra Mo Date signed 12/4/44

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.....

A. M. Sprague

Licensed Embalmer No. *999*

P. O. Address.....

Palmyra Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 208 Primary Registration District No. 4320

1. PLACE OF DEATH:

(a) County marion

(b) City or town Palmyra
(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)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Jessie U. Clark

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 16 1891
(Month) (Day) (Year)

8. AGE: Years 91 Months 4 Days 11 If less than one day, _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

{ 14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 12 year 1948 minute _____ M.

21. I hereby certify that I attended the decedent from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-41605 1944