

No. 2
-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 25 1945

Registration District No.

Primary Registration District No. 2000

Registrar's No. 13

1. PLACE OF DEATH:

(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: 307 E. Madison
(If not in hospital or institution, write full street location)

(d) Length of stay: In hospital or institution 35 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 305 E. Madison
(If rural, give location)

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

3. (a) PRINT FULL NAME Lillie Clark

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4 year 1945 hour 4 minute 15 p.m.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Frank Clark

6. (c) Age of husband or wife if alive Dec - 1945 years

7. Birth date of deceased Jan. 10, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1943 to Jan 4, 1945

that I last saw her alive on Jan 4, 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 11 Days 24 If less than one day hr. min.

Immediate cause of death Cancer of Stomach

Duration 1 yr

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

10. Usual occupation Home

Due to Hb

Due to

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name UNK. Tally

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

14. Maiden name Unknown

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

Major findings: None

Of operations None

Of autopsy None

PHYSICIAN None

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Emmett Flood

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 1/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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?

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 1-5-45 (b) or W. Handley
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury.

23. Signature Robert J. Williams (M. D. or other)

Address Springfield Mo Date signed 1-5-45

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Melvin E. Hamelton

Licensed Embalmer No.

3898

P. O. Address

Springfield, 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.

J