

FILED APR 6 1948  
Registration District No. 1000

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan Mo  
(b) City or town St. Joseph Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution State Hosp. # 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days (Specify whether  
In this community same  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan  
(c) City or town Milan (If outside city or town limits, write "RURAL")  
(d) Street No. 11 (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country D

3. (a) PRINT FULL NAME

Shelma Clark

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 5. Color or race White 6. (a) Single, widowed, divorced, married  
6. (b) Name of husband or wife Francis Clark 6. (c) Age of husband or wife if alive 20 years (Year)  
7. Birth date of deceased Mar 20 - 1904 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 30 year 1945 hour 6 minute 25 A.M.  
21. I hereby certify that I attended the deceased from Mar 20 19 45 to Mar 29 19 45  
that I last saw him alive on Mar 29 19 45 and that death occurred on the date and hour stated above.  
Immediate cause of death Solar pneumonia short

8. AGE: Years 41 Months 0 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business ✓

MOTHER FATHER  
12. Name F. Keasling  
13. Birthplace Mo (City, town, or county) (State or foreign country)  
14. Maiden name Bessie Lane  
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Hosp. records  
(b) Address St. Joseph Mo  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-30-45 (Month) (Day) (Year)  
(c) Place: burial or cremation Milan, Mo.

18. (a) Signature of funeral director Shelma & Son Inc  
(b) Address St. Joseph Mo.

19. (a) 3-30-45 (Date received local registrar) (b) Shelma Clark (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 106

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? \_\_\_\_\_

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

23. Signature EA Mayee (M.D. or other) MD  
Address State Hosp # 2 Date signed 3/30/48

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, embym

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Robert H. Geph*

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.**