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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1945
Registration District No. 157

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13541
State File No. _____
Registrar's No. 84

Primary Registration District No. 3028

19
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County Jasper
(b) City or town Calhaze
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stone Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Golden City
(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 _____

3. (a) PRINT FULL NAME ELIZABETH S. CLARK
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 7th
year 1945 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from April 15 1945 to April 5 1945
that I last saw her alive on April 5 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Respiratory Paralysis Secondary

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife George Clark
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased April 22 1869
(Month) (Day) (Year)

Due to Carcinoma of the Loin 1 year
Duration 1 year
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 75 Months 11 Days 15
If less than one day _____ hr _____ min.
9. Birthplace Sigourney Iowa
(City, town or county) (State or foreign country)

Other conditions _____
Major findings: Of operations 4-6 f
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Andrew Stranahan
13. Birthplace Pa.
(City, town or county) (State or foreign country)
14. Maiden name Sultana Smith
15. Birthplace Ill.
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Harris
(b) Address Golden City, Mo.
17. (a) Removal (b) Date thereof April 8 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sigourney Iowa
18. (a) Signature of funeral director Phillips General Stone
(b) Address Golden City, Mo.
19. (a) April 7 1945 (b) Elizabeth Complin
(Date received local registrar) (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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Raymond A. Carlson (M. D. or other) DO.
Address Golden City, Mo. Date signed 4-7-45

45-4-384

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.....

Licensed Embalmer No. *3278*

P. O. Address *Golden City 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.