S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27108

Registration District No. 10 Primary Registration District No. 41245280 Registrar's No. 54

1. PLACE OF DEATH:
(a) County Clark
(b) City or town Kahoka (Rural)
(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 years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clark
(c) City or town Kahoka Rural
(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 Emma Virginia Clark
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ben A. Clark
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased April (Month) 14 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
68	3	11	hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housekeeping
11. Industry or business
MOTHER FATHER
12. Name Albert Combs
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Armanda Wilson
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Ben A. Clark
(b) Address Kahoka Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Kahoka Cem.
18. (a) Signature of funeral director Jettings Und.
(b) Address Kahoka, Mo.
19. (a) 8-14-45 (Date received local registrar) (b) Perry J. Porter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25-th year 1945 hour 6 minute A M.
21. I hereby certify that I attended the deceased from 1-26 1944, to 7-25-1945 that I last saw h alive on 7-25-1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
CEREBRAL HEMORRHAGE
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
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:
(c) 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 J. H. Chauncy (M.D. or other) DO
Address Kahoka, Mo. Date signed 7-28-45

1273

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-45-1354
Date Filed AUG 2 0 1945

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 Otis L. Guttweg

Licensed Embalmer No. 2965

P. O. Address Luray 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.