

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 171

Primary Registration District No. 302V

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town West Plains, MO  
(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) 60 yrs -

3. (a) PRINT FULL NAME Harriet Mildred 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 Geo. F. Clark 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 5/10-1861  
(Month) (Day) (Year)

8. AGE: Years 84 Months 25 Days 5 If less than one day \_\_\_\_\_ by \_\_\_\_\_ min

9. Birthplace Fulton Co., Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Mrs. J. Wray

13. Birthplace Marion, Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Abbie Ruby

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

16. (a) Informant Frank W. Wray

(b) Address West Plains, MO

17. (a) B. (b) Date 7-17-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Registrar of funeral director Robert J. Wray

(b) Address West Plains, MO

19. (a) 7-25-45 (b) Chas. H. Chambers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Howell  
(c) City or town West Plains  
(If outside city or town limits, write "RURAL")

(d) Street No. City  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 15 year 1945 hour 10 minute 05

21. I hereby certify that I attended the deceased from July 2 to July 15 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure Duration 5 min

Due to Myocarditis chronic with Arterio-Sclerosis also Mephritis Chronic

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1318

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 Chas. H. Chambers (M. D. or Public Health Officer)  
Address West Plains, Mo. Date signed 7/23/45

1620 (Licensed Embalmer's Statement on Reverse Side) Chambers

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

46  
1  
1

RECEIVED

District Health Officer No. 5,

District File Number 945-368

Date Filed 9.17.45.

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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 Raymond D. Robertson

Licensed Embalmer No. 3438

P. O. Address West Haven, Ct.

**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.