

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37926

State File No. _____
Registrar's No. 69

Registration District No. 210 Primary Registration District No. 4322

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

1. PLACE OF DEATH:
(a) County... Meru
(b) City or town... Princeton
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... ✓
In this community... All her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State... Missouri (b) County... Meru 65
(c) City or town... Princeton 1
(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... Martha Pearl Clark
3. (b) If veteran, name war... ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 15
year 1945 hour 6 minute A.M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex... Female 5. Color or race... White
6. (a) Single, widowed, married, divorced... Single
6. (b) Name of husband or wife... _____ 6. (c) Age of husband or wife if alive... _____ years
7. Birth date of deceased... Sept 3 1945
(Month) (Day) (Year)

Immediate cause of death...
Due to... Choking ✓ skin

8. AGE: Years Months Days If less than one day
2 10 _____ hr. _____ min.

Due to...
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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

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? _____

10. Usual occupation _____

11. Industry or business _____
12. Name... Earnest Sparks
13. Birthplace... Princeton Mo
(City, town, or county) (State or foreign country)
14. Maiden name... Estella Clark
15. Birthplace... Princeton Mo
(City, town, or county) (State or foreign country)

16. (a) Informant... Estella Clark
(b) Address... Princeton Mo

17. (a) Burial (b) Date thereof... Nov 16 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Princeton Mo
18. (a) Signature of funeral director... Paul Mason
(b) Address... Princeton Mo

19. (a) 11-17-45 (b) Paul Mason
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

23. Signature... Princeton Mo (M. D. or other)
Address... _____ Date signed 11-17-45

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

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 me

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

Signed Paul Moss

Licensed Embalmer No. 2634

P. O. Address Junction Me

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec
Registrar's No. 69

Registration District No. 210 Primary Registration District No. 4322

1. PLACE OF DEATH:
(a) County mercer
(b) City or town princeton
(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 _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Martha P. 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 S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased Sept 3
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country) mo.

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day _____
year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____
to _____ 19____
that I last saw him _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to choking

Due to Large thyroid gland

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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 Pickett (M. D. or other) _____

Address Princeton Date signed 12-20-45

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

SUPPLEMENTARY

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
WASHINGTON, D. C.

37926