

STANDARD CERTIFICATE OF DEATH

State File No. **40687**

FILED JAN 5 1948

Registration District No. **43**

Primary Registration District No. **3007**

Registrar's No. **367**

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

1. PLACE OF DEATH:

(a) County: **Butler**
(b) City or town: **Poplar Bluff, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Poplar Bluff Hospital 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Butler**
(c) City or town: **Poplar Bluff**
(If outside city or town limits, write "RURAL")
(d) Street No.: **South Eleventh Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME

Mary Mo Clard

(b) If veteran, name war: **No**

(c) Social Security No.: **None**

4. Sex: **Female** / 5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Widow**

7. (b) Name of husband or wife: **Edward T. Mo Clard** (c) Age of husband or wife if alive: **years**

7. Birth date of deceased: **November 17th 1878**
(Month) (Day) (Year)

8. AGE: Years: **67** Months: **1** Days: **3** If less than one day: **hr. min.**

9. Birthplace: **Indiana** (City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business: **Home**

MOTHER FATHER { 12. Name: **George Burrus**

13. Birthplace: **Indiana** (City, town, or county) (State or foreign country)

14. Maiden name: **Unknown**

15. Birthplace: **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant: **Chester A. Mo Clard**

(b) Address: **Poplar Bluff, Missouri**

17. (a) **Burial** (b) Date thereof: **12/27/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Woodlawn Cem.**

18. (a) Signature of funeral director: **Frank Cotrell Chapel**

(b) Address: **Poplar Bluff, Missouri**

19. (a) **12/27/45** (b) **J.H. Minneth**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **20th** year **1945** hour **12** minute **45** AM.

21. I hereby certify that I attended the deceased from **Nov 27**, 1945, to **Dec 20**, 1945; that I last saw her alive on **Dec 20**, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: **Cardiac failure**
Due to: **Cardiac Decompensation**
Due to: **Myocarditis, Mitral Regurgitation**
Other conditions: (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations: **g78**
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?

(Specify type of place) While at work? (e) Means of injury _____

23. Signature: **Junk E. Dingle** (M. D. or other) **MD**
Address: **Poplar Bluff** Date signed: **12-22-45**

1422

RECEIVED

District Health Office No. 2,

District File Number

Date Filed

146 - 3424

1-2-46

JAN 23 1946

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

Howard Rodgers

Licensed Embalmer No.

4386

P. O. Address

413 Vine St.
P.O. Blue Mt.

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.