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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42165

State File No.

Registration District No. 289

Primary Registration District No. 2982

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Bolivar - Mo - Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 14 Mi S. E. of Bolivar Mo Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk 84

(c) City or town Bolivar Mo (Rural) 2
(If outside city or town limits, write "RURAL")

(d) Street No. 14 Mi. S. E. Bolivar 0
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Eliza Ann Clark

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Deceased Abner H. Clark

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 22 (Day) 1861 (Year)

8. AGE: Years 84 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business "

FATHER
12. Name John Stewart
13. Birthplace Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Gertie Thacker 1

(b) Address Bolivar Mo #5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Burial - Pleasant Hope Cemetery

18. (a) Signature of funeral director Willard K. Erwin

(b) Address Pleasant Hope Mo.

19. (a) 12-1-46 (Date received local registrar) (b) R. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 21 year 1945 hour 2 minute 55 A. M.

21. I hereby certify that I attended the deceased from Dec 14, 1945, to Dec 21, 1945; that I last saw her alive on Dec. 19, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio-sclerosis	
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:

(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 0

23. Signature [signature] (M. D. ~~or other~~)

Address Morrisville, Mo Date signed 12/27/45

1021

(Licensed Embalmer's Statement on Reverse Side)

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmyra, 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.