

FILED FEB 7 1946

Registration District No.

Primary Registration District No.

5881

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Summerfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 58 years
years, months or days)

3. (a) PRINT FULL NAME Emma Alice 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 Widow

6. (b) Name of husband or wife Geo Wm Clark 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased May 23rd, 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Defiance Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jerry M. Riffe
13. Birthplace Penn
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Lightfoot
15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Picker
(b) Address Summerfield, Mo.
17. (a) Burial (b) Date thereof 1/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Breeden Cemetary

18. (a) Signature of funeral director Clyde Morton
(b) Address Box 144, Linn, Mo.

19. (a) 2-15-1946 (b) E. A. DUBROWLET
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
(c) City or town Summerfield
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15th,
year 1946 hour 1 minute 45 AM.

21. I hereby certify that I attended the deceased from 1/14/46 to 1/15/46
that I last saw h. alive on 1/14/46
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 days

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature R. H. Schuchman (M. D. or other) D.
Address Belle, Mo. Date signed 1/17/46

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

1710

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 2-5-46

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 Vernon M. Moxton
Licensed Embalmer No. 4125
P. O. Address Lynn, 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.