

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16088

State File No.

FILED JUN 13 1946

Registration District No. 73

Primary Registration District No. 2015

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Cleburn
(b) City or town Cameron
(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 no.
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cleburn
(c) City or town Cameron 25
(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 _____

3. (a) PRINT FULL NAME Louise Ruble Clark

3. (b) If veteran, name war L 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 R M Clark 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Jan 25 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Elizabeth town W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name J. W. F. Haverly

13. Birthplace no record W. Va.
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Stalham

15. Birthplace no record W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Ruble Dancy
(b) Address Cameron City, Mo.

17. (a) Burial (b) Date thereof May 7 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation? St. James Church
18. (a) Signature of funeral director W. J. Miller
(b) Address Cameron

19. (a) May 7, 46 (b) Ma Millie James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1946 hour _____ minute 9:15 A.M.

21. I hereby certify that I attended the deceased from 14 Mar
1946, 19 _____, to May 5 1946
that I last saw her alive on 5 May 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Vascular heart disease
Duration 10 yrs

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) (e) Means of injury _____

23. Signature J. W. Haverly (M. D. or other) _____
Address Cameron, Mo. Date signed 6 May 46

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

MOTHER FATHER

66

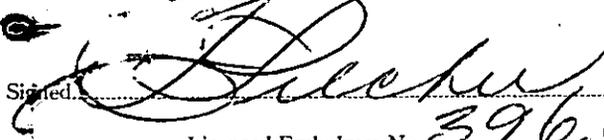
**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....


Licensed Embalmer No. 3960

P. O. Address Mayville 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.