. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1946

State File No. 22916

Registration District No. 50 Primary Registration District No. 4072 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Camden

(b) City or town Linn Creek, Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mrs Finis George Home - Gen Del (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 6 mo years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66

(c) City or town Tuscumbia (If outside city or town limits, write "RURAL")

(d) Street No. Gen Del (If rural, give location) 1

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Martha Jane Clark

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race wht

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 11 (Day) 1865 (Year)

8. AGE: Years 90 Months 11 Days 23 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John Hawkins
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Ann Hayes
15. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant Mr Finis George

(b) Address Linn Creek, Mo

17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof June 6 - 46 (Month) (Day) (Year)

(c) Place: burial or cremation Tuscumbia

18. (a) Signature of funeral director Bankson-Woolery

(b) Address Camdenton, Mo

19. (a) July 4-1946 (Date received local registrar) (b) Zilpha I. Traw (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1946 hour 2 minute 3 A M.

21. I hereby certify that I attended the deceased from May 1, 1946, to June 4, 1946 that I last saw her alive on June 3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkin's disease — Duration Chronic

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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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

23. Signature Dale Atterberry (M.D. or other) 2 26

Address Camdenton, Mo Date signed 6-26-46

(Licensed Embalmer's Statement on Reverse Side)

JUL 18 1946

No. F.
6.46.759
7-17-46
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.....

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

working under my personal supervision.

Signed Abbie Bankson Woolvey

Licensed Embalmer No. 2488

P. O. Address Camdenton, 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.