Y. S. No. 2
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ev. 5-17-39
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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 AUG 5 1946

State File No. 23012

Registration District No. 65 Primary Registration District No. 4115 Registrar's No.

21
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0

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Triplett
(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 (Specify whether
In this community 51 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 21

(a) State Missouri (b) County Chariton

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

(d) Street No. D
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ora Bell Clardy

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced W /

6. (b) Name of husband or wife John Clardy

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

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

8. AGE:

Years	Months	Days	If less than one day
84	7	13	hr. min.

9. Birthplace Jerseyville, Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Powers Lambkin
13. Birthplace Illinois /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucinda - -
15. Birthplace Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucye Wilhoit
(b) Address Brookfield, Mo.

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

(c) Place: burial or cremation Newcomer Cemetery

18. (a) Signature of funeral director Rusk Funeral Home
(b) Address Brookfield, Mo.

19. (a) July 10-46 (b) Mildred Boone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1946 hour 9 minute 00 p M.

21. I hereby certify that I attended the deceased from
JUNE 29, 1946 to JULY 5, 1946
that I last saw her alive on JULY 5, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death UREMIA	48 hours
Due to CHRONIC INTERSTITIAL NEPHRITIS	UNK
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

13 Up

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 Kenneth L Rosmeier (M.D. or other) D.O.
Address TRIPLETT MO. Date signed 7-7-46

56

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 6-3-46

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 Harold B. Wright
Licensed Embalmer No. 3718
P. O. Address Brookfield, 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.