

**FILED SEP 4 1946**  
Registration District No. **38**

Primary Registration District No. **3006**

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

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Wagner's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Clark, Rebecca Ann  
3. (b) If veteran, name war  3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30  
year 1946 hour 9 a.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 29, 1946 to Aug 30, 1946  
that I last saw him alive on Aug 29, 1946  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 29 1946  
(Month) (Day) (Year)

Immediate cause of death: Cerebral pulmonary atelectasis  
Duration 1 day

8. AGE: Years Months Days If less than one day  
0 0 1 hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions Prenatal (7 1/2 mo)  
(Include pregnancy within 3 months of death)

10. Usual occupation Infant

Major findings: Of operations \_\_\_\_\_  
Of autopsy 159  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Frank B Clark 0

13. Birthplace Columbia Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Murray

15. Birthplace Columbia Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Univ. Hosp.

17. (a) Burial (b) Date thereof Aug 31, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R. Jewell

(b) Address Columbia, Mo

19. (a) 8-31-46 (b) Mrs. R. E. Palmer  
(Date received local registrar) (Registrar's signature)

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 Frank E. Daxen (M. D. or other) MD  
Address Columbia Mo Date signed 8-30-46

RECEIVED  
District Health Officer No. 9,  
District File Number 9-46-10  
Date Filed 9-2-46

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.....

No Embalming  
working under my personal supervision.

Registered Apprentice No.....

Signed R. Cavillet

Licensed Embalmer No. 3183

P. O. Address Columbia, 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.