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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 OCT 23 1946

State File No. 33263

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 805

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 432 E Pine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 432 E Pine
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME CLARA EMERSON

3. (b) If veteran, name war .....
3. (c) Social Security No. none

4. Sex Female 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Beverly Emerson
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Feb (Month) 24 (Day) 1895 (Year)

8. AGE: Years 51 Months 7 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Springfield (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation housewife
11. Industry or business .....

FATHER
12. Name Met Dean
13. Birthplace Greene (City, town, or county) Co. Mo. (State or foreign country) 0

MOTHER
14. Maiden name Susie McCoin
15. Birthplace Greene (City, town, or county) Co. Mo. (State or foreign country) 0

16. (a) Informant Beverly Emerson
(b) Address 432 E Pine
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 7 (Day) 46 (Year)
(c) Place: burial or cremation Haxlewood Cemetery
18. (a) Signature of funeral director Herbert V. Smith
(b) Address 702 N Jefferson
19. (a) 10-12-46 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 46 hour 11 minute p.M.

21. I hereby certify that I attended the deceased from 11-18, 1945, to Oct 4th, 1946
that I last saw her alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Cervix Uteri	1 year
Due to —	
Due to —	
Other conditions Hemorrhage (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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 0

23. Signature James B. Clark (M. D. or other)
Address 2800 N Summit Date signed Oct 6, '46

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(Licensed Embalmer's Statement on Reverse Side)

OCT 28 1946

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 Herbert V. Smith

Licensed Embalmer No. 4286

P. O. Address Springfield Ill

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.