

FILED DEC 11 1946
Registration District No. 337

Primary Registration District No. 4498

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

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution:
west part Huntsville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Huntsville 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME SARAH ELIZABETH CLARKSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Franklin Clarkson (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 1 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 18 hr. _____ min.

9. Birthplace Huntsville Shelby
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Jack Carothers d

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

14. Maiden name Mary Ann Carothers

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

16. (a) Informant Alva Carothers Clarkson

(b) Address Huntsville Mo

17. (a) Burial (b) Date thereof Nov 16 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Goddard Cemetery

18. (a) Signature of funeral director _____

(b) Address Huntsville Mo

19. (a) Nov 28 46 (b) Ruth Jaynes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1946 hour 9 minute 45 A M.

21. I hereby certify that I attended the deceased from Sept 1944 to Nov 14 1946
that I last saw her alive on Nov 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis (General)
Senility

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 0

23. Signature R.P. Parker (M. D. or other) _____
Address Huntsville Mo Date signed 11-15-46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 2-76-2279
Date Filed DEC 10 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.....

Paul E. Hayes

Registered Apprentice No. 417

working under my personal supervision.

Signed.....

Jack Hayes

Licensed Embalmer No. 3699

P. O. Address. Sheehy, 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.