V. S. No. 2
00M—8-43
ev. 5-17-39
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

State File No. 8125

FILED APR 2 1947

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 118

14
1/2

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1. W
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months 22 days (Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lewis 14
(c) City or town La Belle 1/2
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELLA CLARK.

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

4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife Deceased.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 5 (Month) 25 (Day) 1872 (Year)

8. AGE: Years 74 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) 1 (State or foreign country)
10. Usual occupation House Keeping.
11. Industry or business
FATHER
12. Name D.K. 9
13. Birthplace D.K. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name D.K.
15. Birthplace D.K. (City, town, or county) 9 (State or foreign country)
16. (a) Informant Hospital Records.
(b) Address Fulton Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Knox City Mo
18. (a) Signature of funeral director Wallace Funeral Home
(b) Address 7 W 6th St. Fulton Mo.
19. (a) 3-26-1947 (Date received local registrar) (b) Josie Moisinkoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 26 year 1947 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from 3-23-47, 19, to 3-26-47, 19; that I last saw her alive on 3-26-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 107	
Of autopsy	

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 J C Caldwell (M. D. or other) M.D.
Address Fulton Mo. Date signed 3-26/47

3 X

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-31-47

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: Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address. Hulton 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.