

FILED APR 2 1947

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town Canton Canton  
(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 Entire life years, months or days)

3. (a) PRINT FULL NAME BERTHA MARIE CLARK

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

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

6. (b) Name of husband or wife Thomas A. Clark 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 5 1876  
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 11 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired housewife

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

12. Name Henry Kuhn

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

14. Maiden name Elizabeth Munsen  
(City, town, or county) (State or foreign country)

15. Birthplace Warrenton Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Myself H. Buckley

(b) Address Canton, Mo

17. (a) Burial (b) Date thereof Mar. 18, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director W. Roberts

(b) Address La Grange, Mo

19. (a) 3/21/47 (b) D. W. Jennings MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56  
(c) City or town Canton 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 410 N. 7th. 0  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 14  
1946 to March 16 1947  
that I last saw her alive on March 16 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 2 days

Due to Myocarditis Chronic 2 yrs

Due to Arteriosclerosis 2 yrs

Other conditions None

(Include pregnancy within 3 months of death)

Major findings: Of operations None 93 D  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Haudis J. Davis MD (M. D. or other) MD

Address Canton Date signed March 17 1947

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

MOTHER FATHER

161

RECEIVED  
District Health Officer No. 10  
District File Number 447-292  
Date Filed APR - 1 1947

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.....

*A. A. Roberts*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *A. A. Roberts*

Licensed Embalmer No. *1626*

P. O. Address *La Grange, 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.