No. 2
8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1947

Registration District No. 2 9 2

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4 4 3 4

State File No. 10355

Registrar's No.

1. PLACE OF DEATH:

(a) County: Ralls,

(b) City or town: Center, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Center, Missouri.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 80 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ralls, 87

(c) City or town: Center, Missouri. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Ella Clark.

3. (b) If veteran, name war: 0

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: Tom Clark.

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: October, 21, 1860 (Month) (Day) (Year)

8. AGE: Years 86 | Months 5 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace: Ralls County, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation: Housewife.

11. Industry or business: Home.

MOTHER, FATHER

12. Name: Hugh Dunlop. 4

13. Birthplace: Scotland. (City, town, or county) ____ (State or foreign country)

14. Maiden name: Francis Smith.

15. Birthplace: Ralls County, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant: Mary Dunlop.

(b) Address: Center, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April, 1, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Olivate Cemetery

18. (a) Signature of funeral director: Couch & Wilkey

(b) Address: ~~XXXXXXX~~ Center, Mo.

19. (a) 4-4-47 (Date received local registrar) (b) Clyde Wilkey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March, day: 30th, year: 1947 hour: 6:30 minute: P. M.

21. I hereby certify that I attended the deceased from March 3, 1947 to March 30, 1947 that I last saw her alive on March 30, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis (Chronic)	4 wks
Due to: Unknown	
Due to: Unknown	
Other conditions: Unknown (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)

(e) While at work? (e) Means of injury: 2

23. Signature: C. H. Brooks (M. D. or other) DO

Address: Center, Mo. Date signed: 2-10-47

267

(Licensed Embalmer's Statement on Reverse Side)

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 John F. Ellis, Registered Apprentice No. 494, working under my personal supervision.

Signed Clyde Willey

Licensed Embalmer No. 3820

P. O. Address Perry 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.

S. No. 2B
M—3-45
I X43880

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. April

Registration District No. 292 Primary Registration District No. 7434 Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town Center

(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 Ella Clark

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct 21 1861 (Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 4/1/47 (Date received local registrar) (b) Olyde Lillery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 30 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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?

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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

10355