

FILED APR 21 1947

State File No. ....

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 509

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
608 Mary St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. None  
(Specify whether  
In this community. About 80 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 608 Mary St. /  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. \*

3. (a) PRINT FULL NAME Mary Elizabeth 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 Joseph  
6. (c) Age of husband or wife if alive \* years

7. Birth date of deceased March 3 1861  
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 6  
If less than one day hr. min.

9. Birthplace Pickaway County Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Samuel Clark

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

14. Maiden name Caroline Eriskin

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

16. (a) Informant Mr. J. B. Clark

(b) Address 608 Mary St.

17. (a) Burial (b) Date thereof Apr. 11, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet, Bethany, Mo.

18. (a) Signature of funeral director Herman W. Ludwig, Jr.

(b) Address 1802 Union St., St. Joseph, Mo.

19. (a) 4-11-47 (b) G. E. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9  
year 1947 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from 4/5/47 to 4/9/47  
that I last saw her alive on 4/5/47 and that death occurred on the date and hour stated above.

Immediate cause of death  
cardiac failure 5da  
pulmonary embolism 5da  
dynamic myocarditis 3 yr.  
Smilitz

Duration

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 work) (c) Means of injury

23. Signature [Signature] Date signed 4/9/47

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

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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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph 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.**