

20531

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 20

Primary Registration District No. 5446

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Gentry Rural
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cooper Township
(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, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Miranda Ellen Clark

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

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married divorced Widow
6. (b) Name of husband or wife Nelson J. Clark 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 18 1853
(Month) (Day) (Year)

8. AGE: Years 93 Months 8 Days 2
If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Nathaniel Martin
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Eleonora Steele
15. Birthplace Cooper Co.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. March
(b) Address Centerville, Mo.

17. (a) Rural (b) Date thereof 6/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion

18. (a) Signature of funeral director Will Duffel
(b) Address Grant City, Mo.

19. (a) July 1 - 1947 (b) Harold N. Webster
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1947 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 15, 1947, to May 15, 1947, that I last saw her alive on May 15, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 3 yrs.

Due to _____

Due to _____

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

Major findings: Of operations None
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)
_____ (Means of injury)

23. Signature C. I. Pray (M. D. or other)
Address Albany, Mo. Date signed 6-3-47

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Arch C. Dimpfe*

Licensed Embalmer No. *3252*

P. O. Address *Grant City, 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.