

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED AUG 7 1947

Registration District No. _____

Primary Registration District No. **3002**

Registrar's No. **115**

1. PLACE OF DEATH:

(a) County **Audrain**
(b) City or town **Mexico**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 hrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **Audrain** **4**
(c) City or town **Mexico** **1**
(If outside city or town limits, write "RURAL")
(d) Street No. **440 W. Promenade** **2**
(If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Alma Clark**

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

4. Sex **F** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **W**

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

7. Birth date of deceased: **Jan. 26, 1896**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	6	2	hr. _____ min.

9. Birthplace **Callaway County, Mo.** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Widow**

11. Industry or business _____

12. Name **Jackson Vaughn**

13. Birthplace **Mo.** **0**
(City, town, or county) (State or foreign country)

14. Maiden name **DK**
15. Birthplace **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Williams**

(b) Address **Mexico, Mo.**

17. (a) **Burial** (b) Date thereof **7/30/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cem.**

18. (a) Signature of funeral director **Blanchie Keely**

(b) Address **Mexico, Mo.**

19. (a) **7/30/47** (b) **Blanchie Keely**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July 28** day _____
year **1947** hour **57¹⁰** minute **0** M.

21. I hereby certify that I attended the deceased from **Crown Point, Mo.**
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the _____ and hour stated above.

Immediate cause of death **Blow Shock, Brain**
caused by explosion of
oil, accidental, in her
Due to home, 440 West Promenade
St. Mexico, Mo. Buried in
Due to Audrain County Hospital
Mexico, Mo.
Other conditions **Burnt over 90% of the body**
(Include pregnancy within 3 months of death)

Major findings: **none**
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) **Accident** **4**
(b) Date of occurrence **July 28 - 1947**
(c) Where did injury occur? **Mexico Audrain Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

(Specify type of place) **fire**
While at work? **Yes** (e) Means of injury **Crown 3**

23. Signature **J. C. Adams** (M.D. or other) **3**
Address **Mexico, Mo.** Date signed **7-29-47**

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

RECEIVED
District Health Officer No. 10
District File Number 8-47-1219
Date Filed AUG - 5 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.....

Geo Wood

....., Registered Apprentice No. *507*

working under my personal supervision.

Signed

Geo Wood

Licensed Embalmer No. *3569*

P. O. Address *Mexico, D.C.*

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.