

FILED JUL 23 1947

Registration District No. **3**

Primary Registration District No. **4044**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County **BOLLINGER**
(b) City or town **LAIMA** - *Laime*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **18 YEARS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **JABEZ CLARKSON**

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

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **ETHEL CLARKSON** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **DEC. 8 1880**
(Month) (Day) (Year)

8. AGE: Years **66** Months **6** Days **28** If less than one day hr. _____ min. _____

9. Birthplace **CHARLESTON MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **MERCHANT**

11. Industry or business

12. Name **I. T. CLARKSON**
13. Birthplace **KENTUCKY**
(City, town, or county) (State or foreign country)
14. Maiden name **JENNIE ROUSE**
15. Birthplace **KENTUCKY**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ethel Clarkson**
(b) Address **Laime, Mo.**

17. (a) **BURIAL** (b) Date thereof **JULY 2, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BERRONG CEMETARY**

18. (a) Signature of funeral director **Green Funeral Home**

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

19. (a) **July 11, 1947** (b) **William VanLumburgh**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **BOLLINGER**
(c) City or town **LAIMA**
(If outside city or town limits, write "RURAL")
(d) Street No. **18 mi. S. R. Luttwille**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **6** th
year _____ hour **12** minute **05 A.M.**

21. I hereby certify that I attended the deceased from **July 6 1947** to **July 6 1947**
that I last saw him alive on **July 16, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **93D**

Major findings: Of operations **93D**

Of autopsy _____

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 **2**

23. Signature **E. C. Masters** (M. D. or other) **MD**
Address **Adrian, Mo.** Date signed **7-8-47**

RECEIVED

District Health Officer No. 4
District File Number 747-923
Date Filed 7-19-42

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

A. J. Baker

Licensed Embalmer No. 3673

P. O. Address.....

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.