

Registration District No. 47 Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No. 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 yrs 3 mo 15 days
(Specify whether years, months or days)

In this community 10 yrs 3 mo 15 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME STELLA A. CLARK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Chas Clark

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

7. Birth date of deceased Dec 11 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 23

If less than one day hr. _____ min. _____

9. Birthplace S. Chamber Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name William H Kimball

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

14. Maiden name Laura Chamberlain

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

16. (a) Informant State Hospital Records

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof 7-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State Hosp. Cemetery

18. (a) Signature of funeral director S. P. Hall

(b) Address State Hosp. Fulton Mo.

19. (a) 7-9-1947 (b) Jos. Maravichoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 14

(c) City or town Versailles 1
(If outside city or town limits, write "RURAL")

(d) Street No. 204 North Timber 2
(If rural, give location)

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

If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1947 hour 7:05 minute P M.

21. I hereby certify that I attended the deceased from 1 Sept
1946, to July 4, 1947;

that I last saw her alive on July 4, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pyonephrosis Duration
Syphilitic Meningo
Encephalitis

Due to _____

Due to _____

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

Major findings: 3013

Of operations _____

Of autopsy Acute pyelitis
Acute pyonephrosis

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)

Mean of injury _____ (c) Means of injury

23. Signature Dr. R. R. Price (M. D. examiner)
Dr. W. W. ...
Address State Hospital No. 1 Date signed July 47

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

1
2

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-16-47

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.....

Licensed Embalmer No.....

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.