

3. No. 2  
1-8-43  
5-17-39  
K37823

DEPARTMENT OF COMMERCE -  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28618

State File No. \_\_\_\_\_

FILED AUG 18 1947

Registration District No. 2-8

Primary Registration District No. 4417

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Tracy, Mo. *Carroll*

(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(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 Jackson *48*

(c) City or town Kansas City, Mo. *3*  
(If outside city or town limits, write "RURAL")

(d) Street No. 1836 Broadway *8*  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) *1*

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Icle Marie Clark

3. (b) If veteran, name war no

3. (c) Social Security No. 497-26-6889

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1947 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white

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

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

7. Birth date of deceased: Jan. 21 1924  
(Month) (Day) (Year)

8. AGE: Years 23 Months 5 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Burned to death in a highway accident  
Due to Highway 71 - Tracy Mo.

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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

10. Usual occupation waitress

11. Industry or business "

MOTHER FATHER { 12. Name James P. Robbins

{ 13. Birthplace Eldon Mo.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Bessie Dusbenbery

{ 15. Birthplace Eldon Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Hulet - coroner

(b) Address Platte City, Mo.

17. (a) removal (b) Date thereof 7-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon, Mo. burial

18. (a) Signature of funeral director [Signature]

(b) Address Eldon Mo.

19. (a) Aug 1, 47 (b) Mrs. Sophia Rollins  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence July 12, 1947

(c) Where did injury occur? Tracy Platte Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in public place - highway 71

(Specify type of place) \_\_\_\_\_

4. While at work? \_\_\_\_\_ (c) Means of injury burned

23. Signature Tom H. Hulet *Coroner 3*  
Address Platte City Mo. Date signed 7-12-47

(Licensed Embalmer's Statement on Reverse Side) Road 40 Roadway

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

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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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 Frances M. Giffen

Licensed Embalmer No. 4393

P. O. Address Platte 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.**