

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1947

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32060

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 57

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(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 _____ (Specify whether)
In this community 45 yrs years, months or days

3. (a) PRINT FULL NAME Mary Etta Clark
(b) If veteran, name war
(c) Social Security No.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Samuel Clark
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 11 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 2 1 hr. min.

9. Birthplace Veray Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business At home

MOTHER FATHER

12. Name Thomas Chambers

13. Birthplace Switzerland Co. Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Nannie L. Lewis

15. Birthplace Switzerland Co. Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Lindsay Mathis

(b) Address Rolla, Mo.

17. (a) Burial (b) Date thereof Sept 14 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo

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

(b) Address Rolla, Missouri

19. (a) 9-16-47 (b) Madred Stoeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps
(c) City or town Rolla
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-28 1947 to 9/12 1947.
that I last saw her alive on 9/11/47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Pulmonary embolism
Due to myocardial infarction
Due to senile degenerative changes
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration
2 days
1 month

Major findings:
Of operations: [Signature]
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? 2

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) DO

Address Rolla, Mo Date signed 9/13/47

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

1
2
2

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. 3643
P. O. Address..... Rolla, 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.