

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42368
Registrar's No. 99

FILED JAN 6 1948

Registration District No. 298

Primary Registration District No. 5768

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

1. PLACE OF DEATH:
 (a) County Mercer
 (b) City or town Harrison Twnp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community all her life years, months or days)

3. (a) PRINT FULL NAME Mary E. 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 _____ 6. (c) Age of husband or wife if
 7. Birth date of deceased April 25, 1856 years
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 7 27 hr. 6 min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Edmond Clark

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

14. Maiden name unknown

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

16. (a) Informant Mrs Perry Coon

(b) Address Princeton, Mo

17. (a) burial (b) Date thereof 12-23-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Constable

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton, Mo

19. (a) 12-30-47 (b) M. J. Rula
 (Date received local registrar) (Registrar's signature)
292 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mercer
 (c) City or town Rural
 (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 Dec. day 22
 year 1947 hour 3 minute 0 M.
 21. I hereby certify that I attended the deceased from Jan
1 19 47 to Dec 22 19 47
 that I last saw her alive on Dec 22 19 47
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility
 Duration P

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

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? U

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

23. Signature [Signature] (M. D. or other) md
 Address Princeton, Mo Date signed 12/30/47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Paul Inas

..... Licensed Embalmer No. 2634

P. O. Address Sumner 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.