

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 21

FILED FEB 11 1948

Registration District No. 10

Primary Registration District No. 3002

1. PLACE OF DEATH: Audrain

(a) County.....Audrain

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

(c) Name of hospital or institution:  
Audrain County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....10 days  
(Specify whether years, months or days)

In this community.....10 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....Missouri (b) County.....Audrain

(c) City or town.....Mexico,  
(If outside city or town limits, write "RURAL")

(d) Street No.....502 W. Blvd  
(If rural, give location)

(e) Citizen of foreign country?.....No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Sophia M. Clark

3. (b) If veteran, name war.....None

3. (c) Social Security No.....None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....Feb day.....1  
year.....1948 hour.....5 minute.....A- M.

21. I hereby certify that I attended the deceased from Dec 16 - 1947  
1947 to Feb 1 - 1948  
that I last saw h. Er alive on Feb 1 - 1948  
and that death occurred on the date and hour stated above.

4. Sex.....F / W

5. Color or race.....W

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

6. (c) Age of husband or wife if alive.....1 years 1869  
(Day) (Year)

7. Birth date of deceased.....July 1, 1869  
(Month) (Day) (Year)

8. AGE: Years.....78 Months.....7 Days.....0  
If less than one day..... hr. .... min.

Immediate cause of death.....Acute dilatation left Ventricle - Hypertension

Due to.....Chronic Myocarditis

Other conditions.....None  
(Include pregnancy within 3 months of death)

Major findings: 93D  
Of operations.....

Of autopsy.....

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

10. Usual occupation.....Housewife

11. Industry or business.....

12. Name.....Adam Roth

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

14. Maiden name.....Margretha

15. Birthplace.....St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant.....Elizabeth Clark  
(b) Address.....Jefferson City, Missouri.

17. (a) Burial (b) Date thereof.....Feb 2, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....Elmwood

18. (a) Signature of funeral director.....Chas. Arnold  
(b) Address.....Mexico, Missouri

19. (a) 2/2/48 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

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?.....Yes (Specify type of place) Means of injury.....

23. Signature.....Fred Suffer (M. D. or other)  
Address.....117 East Municipal St Date signed.....Feb 1/48

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Mexico Mo

RECEIVED

District Health Officer No.

District File Number 2-482

Date Filed FEB 10 1948

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 Everett R. Neal

Licensed Embalmer No. 4038

P. O. Address Mexico 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.**