S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1948

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 11902

Registration District No. 74 — Primary Registration District No. 5295 — Registrar's No. 17

**1. PLACE OF DEATH:**

(a) County Clinton

(b) City or town Concord Twp. (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 years, months or days) In this community 78 yrs.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Clinton 25

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

(d) Street No. 2 Mi West Plattsburg (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

**3. (a) PRINT FULL NAME** Polly S. Carter

3. (b) If veteran, name war x x

3. (c) Social Security No. x x

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife x

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

7. Birth date of deceased March (Month) 21 (Day) 1863 (Year)

**8. AGE:** Years 85 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation Home keeper

11. Industry or business

FATHER
12. Name Lewis Clark
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Amanda Jackson
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant James Carter

(b) Address Plattsburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/48 (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg Mo.

18. (a) Signature of funeral director D. D. Lyon

(b) Address Plattsburg Mo.

19. (a) 4-9-48 (Date received local registrar) (b) Eunice Chaitain (Registrar's signature) 28 1/0

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 7 year 1948 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from March 10, 1948, to Apr 7, 1948; that I last saw her alive on Apr 7, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Caecum — Duration: 1 Mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature M B Spalding (M. D. or other) MD

Address Plattsburg Mo Date signed Apr 7-48

(Licensed Embalmer's Statement on Reverse Side)

# 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 Darrell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.**