V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13188

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 39

53
1
21

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

1. PLACE OF DEATH
(a) County Laclede
(b) City or town Lebanon mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: wallace O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 mi. (Specify whether
In this community 11 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Laclede 53
(c) City or town Oakland Rural O
(If outside city or town limits, write "RURAL")
(d) Street No. Oakland mo. O
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter W Clarkson
3. (b) If veteran, name war WW No. 1
3. (c) Social Security No. 484-03-7811

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rosa B Eaton
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Dec. (Month) 25 (Day) 1891 (Year)

8. AGE: Years 56 Months 3 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Louisiana mo. O
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Henry Clarkson
13. Birthplace Louisiana mo. O
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Ence
15. Birthplace Louisiana mo O
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. W. W. Clarkson
(b) Address Oakland. mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 3 (Day) 48 (Year)
(c) Place: burial or cremation Lebanon mo
18. (a) Signature of funeral director Palmer
(b) Address Lebanon mo.
19. (a) 4-7-48 (Date received local registrar) (b) Jessie B. Lynly (Registrar's signature) 15

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day 29
year 1948 hour 3 minute 25 P. M.
21. I hereby certify that I attended the deceased from 3-29-48
....., 19....., to ....., 19.....
that I last saw him alive on 3-29, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebro-vascular accident	12 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? O
(Specify type of place)
While at work? (e) Means of injury
23. Signature H W Carrington M. D. or other M.D.
Address Lebanon, Mo Date signed 4/5/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Issued 4/19/48

Jackson County Health Unit

File No. 4-48-48

Date Filed 4/19/48

MAY 11 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.....

Licensed Embalmer No.....

P. O. Address.....

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.