. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 19 1948

Registration District No. 324

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3072

State File No. 15090

Registrar's No. 68

97
1
2

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution Pautz Reception Home for Invalids
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since Dec. 1946.
(Specify whether In this community 6 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Malta Bend, RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Bridget E. Clark

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harrison Clark

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased September (Month) 15th, (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	6	9	hr. min.

9. Birthplace Miller County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Thomas Whalen 0
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Gosvener
15. Birthplace Unknown Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Clark
(b) Address Malta Bend, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 27, 1948.
(Month) (Day) (Year)
(c) Place: burial or cremation Malta Bend, Mo.

18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall, Mo.

19. (a) 3-27-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th
year 1948 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Nov. 19, 1946 to Mch. 24, 1948; that I last saw her alive on Mch. 23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	4 days
Due to	
Due to	
Other conditions Arteriosclerosis (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. Clarke M.D. (M. D. or other)

Address Marshall, Mo. Date signed 3-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-16-48

APR 20 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 Jas. H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall - 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.