S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 141

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5551

State File No. 46169

Registrar's No. 95

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Brandsville Mo
(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 3 yrs

2. USUAL RESIDENCE OF DEACESED:
(a) State Mo (b) County Howell
(c) City or town Brandsville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. ?
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lee Ellen Clark
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Geo. Clark
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 2-14-1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	0	20	(hr. min.

9. Birthplace Butler Co. Mo. U (City, town, or county) (State or foreign country)
10. Usual occupation Homemaker
11. Industry or business ✓
MOTHER FATHER
12. Name Wm. McFarland
13. Birthplace Georgia (City, town, or county) (State or foreign country)
14. Maiden name Frances Bennett
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant A. A. McFarland
(b) Address West Plains Mo Rt 1
17. (a) B (Burial, cremation, or removal) (b) Date thereof 3-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt View Hope
18. (a) Signature of funeral director Robertson
(b) Address West Plains Mo
19. (a) May 11-48 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 370

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 4 year 1948 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from 2/28/48, 19..., to 3/4/48, 19...; that I last saw her alive on 3/28/48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemiplegia, left.	5 da
Due to Cerebral haemorrhage	
Due to	
Other conditions Arterio-sclerosis. (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 C. A. Thornburgh M.D. (M. D. or other)
Address West Plains, Mo. Date signed 3/9/48

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

Thornburgh

RECEIVED
District Health Officer No. 8,
District File Number 64838
Date Filed 5-27-48

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 Robert J. Hragd, Registered Apprentice No. #32, working under my personal supervision.

Signed D. D. Roberts

Licensed Embalmer No. 3437

P. O. Address West Plains 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.