S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17018

Registration District No. 228 Primary Registration District No. 5808 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Liege
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery
(c) City or town Liege 70
(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 Helene Maria Clark

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oscar Clark
6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased 9 (Month) 25 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	7	14	____ hr. ____ min.

9. Birthplace Lincoln Co Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business General duties

FATHER
12. Name Fritz Begeman
13. Birthplace Unknown (City, town, or county) 7 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Neimeyer
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Oscar Clark
(b) Address Liege Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Bellflower Cem
18. (a) Signature of funeral director Alan A. Jones
(b) Address Bellflower Mo.
19. (a) 5-12-45 (Date received local registrar) (b) Mrs May Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1948 hour 5 minute 30 M.
21. I hereby certify that I attended the deceased from May 9, 1948, to May 16, 1948 that I last saw him alive on May 9, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Low bar pneumonia on right lung	4 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 2

23. Signature Willis H. Walls (M. D. or other) DO
Address Willsville Date signed 5/19/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 18 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 .....

Me, Registered Apprentice No. .....,

working under my personal supervision.

Signed Oland A Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.