FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 25 1948
Registration District No. 32

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18675
Primary Registration District No. 3006
Registrar's No. 163

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

1. PLACE OF DEATH:
(a) County: BOONE
(b) City or town: COLUMBIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 215 N. 5TH ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether
In this community: 67 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone 10
(c) City or town: Columbia 2
(If outside city or town limits, write "RURAL") 4
(d) Street No.: 215 N. 5th St. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: BETTIE CLARK
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Female 3
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: widow 7
6. (b) Name of husband or wife: Robert Clark
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 9-1-1880 (Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 11 If less than one day hr. min.

9. Birthplace: Rockport (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: at home
11. Industry or business:
MOTHER FATHER
12. Name: Washington Calloway 9
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name: Cynthia Sheldon 9
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Lovie Pilcher
(b) Address: Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Stuart P. Park
(b) Address: Columbia Missouri
19. (a) 6-15-48 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6/30 day 12
year 1948 hour 9 minute a M.

21. I hereby certify that I attended the deceased from May 17 1948 to June 11 1948 that I last saw her alive on June 11 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Aortic Regurgitation — Duration: 7
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): Uterine Fibroid, Generalized Edema
Major findings:
Of operations:
Of autopsy: 5 D

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: L. Douglas (M. D. or other) M.D.
Address: 500 Park, Columbia Date signed: 6/15/48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 24 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 Thos. T. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.