FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948
Registration District No. 38

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

85 — State File No. 1942 18676

Primary Registration District No. 3006 — Registrar's No. 176

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 102 W. Park Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community about 85 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")
(d) Street No. 102 W. Park Ave. 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JANE CLARKSON
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 Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 12 (Month) 1 (Day) 1863 (Year)

8. AGE: Years 84 Months 6 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Boone Co. (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation at home
11. Industry or business —
FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Robert Clarkson
(b) Address Columbia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Missouri
19. (a) 6-29-48 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 27 year 48 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from 6-12- 1948, to 6-27- 1948, that I last saw him alive on 6-26- 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	for days
Due to age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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) No
(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? No (e) Means of injury 0
23. Signature W. D. Dysard (M. D. or other) MD
Address Coleman Mo. Date signed 6-29-48

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

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

RECEIVED
District Health Officer No. 9,
District File Number
JUL 14 1948
Date Filed

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 Stuart P. 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.