FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 11 1948

Registration District No. 470

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

23423
State File No. 8-48-87

Primary Registration District No. 3033

Registrar's No. 85

1. PLACE OF DEATH:
(a) County: Laclede
(b) City or town: Lebanon
(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: 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Laclede
(c) City or town: Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No.: 528 Hayes
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Florence E. 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: Widowed
6. (b) Name of husband or wife: George W. Clark
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Oct. (Month) 12 (Day) 1858 (Year)

8. AGE: Years 89 Months 9 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace: Shelbyville Ind. (City, town, or county) / (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
MOTHER FATHER
12. Name: James Johnston
13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. Clara Williams
(b) Address: Yarrah Okla
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Stover Mo.
18. (a) Signature of funeral director: W. E. Holman
(b) Address: Lebanon Mo.
19. (a) 8-4-48 (Date received local registrar) (b) Trosie B. Lynch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1948 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from 9-29-45 to 7-24-48 1948 that I last saw her alive on 7-24-48 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis & Myocardial Degeneration (?)	
Due to	
Due to	
Other conditions (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: B. E. Harrell (M. D. or other) MD
Address: Lebanon, Mo. Date signed 7-26-48

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

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE 4 CARBONS

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Addre Lebanon, Me

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.