

FILED AUG 6 1948

Registration District No. 237

Primary Registration District No. 4497

State File No. _____

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Clarence
(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)
In this community entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Clarence
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA ISADORA MINICK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 9 25 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Belmont County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Abner H. Clark

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Jane Brown

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. W. Barrow

(b) Address Clarence, Mo.

17. (a) Burial (b) Date thereof July 24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood

18. (a) Signature of funeral director Upper Funeral Direct

(b) Address Clarence, Mo.

19. (a) July 30-48 (b) Arthur Jayner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from April, 1945, to July 22, 1948;
that I last saw her alive on July 22, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to Pulmonary Edema 24 hours

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? _____

While at work? _____ (Specify type of place) (f) Means of injury _____

23. Signature Dr. B. L. Edgington (M. D. or other) D.O.

Address Clarence, Mo. Date signed July 23, 1948

RECEIVED

Director of Health Officer

Director of Health Number 8-45

Aug 4 - 1949

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 *Lawrence E. Gupper*
Licensed Embalmer No. *41261*
P. O. Address *Lawrence Mo*

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

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