

FILED SEP 7 1948
Registration District No. **10484**

Primary Registration District No. **3038**

1. PLACE OF DEATH:
(a) County **Linn**
(b) City or town **Brookfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **509 Pettijohn**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **33** (Specify whether years, months or days) **Yes**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Linn**
(c) City or town **Brookfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **509 Pettijohn**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **IDA CLARK**
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex **F** 5. Color or race **Wh**
6. (a) Single, widowed, divorced, or married **Widowed**
6. (b) Name of husband or wife **Harry Clark**
6. (c) Age of husband or wife if alive **11-1876** years (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **17** year **1948** hour **12** minute **10-PM**
21. I hereby certify that I attended the deceased from **Aug 10**, 1948, to **Aug 17**, 1948, that I last saw him alive on **Aug 17** and that death occurred on the date and hour stated above.
Immediate cause of death **Cerebral Thrombosis**
Duration

8. AGE: Years **72** Months **3** Days **6** If less than one day hr min

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: **g3 B**
Of autopsy

9. Birthplace **Linn Co Mo** (City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**
11. Industry or business
12. Name **James Joyce**
13. Birthplace **D. K. Joyce Ill** (City, town, or county) (State or foreign country)
14. Maiden name **Suey Ware**
15. Birthplace **D. K. Ware Mo** (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant **Paul M. Clark**
(b) Address **Brookfield Mo**
17. (a) Burial (b) Date thereof **Aug 21, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Rose Hill**
18. (a) Signature of funeral director **Will Funeral Home**
(b) Address **Brookfield Mo**
19. (a) **8-24-48** (b) **Waterstown**
(Date received local registrar) (Registrar's signature)

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 **W. H. Patten** (M. D. or other)
Address **Brookfield Mo** Date signed **8-19-48**

MOTHER FATHER

DISTRICT HEALTH OFFICE
Camden, N.J.

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 J. H. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.