

FILED DEC 11 1942

Registration District No.

Primary Registration District No.

4218

Registrar's No.

224

42
2
0

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 505 Colorado
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 years
(Specify whether years, months or days)

In this community 27 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Windsor
(If outside city or town limits, write "RURAL")

(d) Street No. 505 Colorado
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country:

3. (a) PRINTED FULL NAME Mrs. Nettie Ann Clark

3. (b) If veteran, name war:

3. (c) Social Security No.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Cliff Clark

6. (c) Age of husband or wife if 79 years

7. Birth date of deceased: March 20 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>7</u>	<u>14</u> hr. min.

9. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John J. Walkup

13. Birthplace unknown Kentucky
(State or foreign country)

14. Maiden name Elizabeth Land

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

16. (a) Informant Cliff Clark

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 11-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) Nov. 30, 1942 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4
year 1942 hour 2:45 p minute 0 M.

21. I hereby certify that I attended the deceased from Oct. 21 1942 to Nov. 3 1942
that I last saw her alive on Nov. 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemiparalysis and fracture of femur
Due to Chronic Nephritis and hypertension
Due to

Duration

Other conditions (Include pregnancy within 3 months of death) 160

Major findings: Of operations none

Of autopsy none

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) Fracture of femur

(b) Date of occurrence Oct. 21, 1942

(c) Where did injury occur? in home Windsor, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home
(Specify type of place)

While at work? yes (e) Means of injury Fall in home

23. Signature W. B. Blackmore (M. D. or other) M.D.

Address Windsor, Mo. Date signed 11-6-42

RECEIVED

District Health Officer No. 7.

District File Number 12-42-1334

Date Filed 12-10-42

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 *E. M. Huston*

Licensed Embalmer No. 3391

P. O. Address *Union 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.