

S. No. 2
M-543
7-5-17-39
I X36671

FILED FEB 25 1947
Registration District No. 276

Primary Registration District No. 4445

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County RAY

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

(c) Name of hospital or institution: city 1
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community all of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME CLEM D. CLARK

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

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife M. R. Clark 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Edward T. Portoy

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

14. Maiden name Douline Portoy

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

16. (a) Informant M. R. Clark

(b) Address Orrick, Mo.

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 2-3-47
(Month) (Day) (Year)

(c) Place: burial or cremation South Point

18. (a) Signature of funeral director B. W. Board

(b) Address Orrick, Mo.

19. (a) 4-4-47 (Date received local registrar) (b) Wm. J. Larkin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray

(c) City or town Orrick
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1947 hour 1 minute 5 A M.

21. I hereby certify that I attended the deceased from 1-25- 1947, to 2-2- 1947; that I last saw her alive on 2-2- 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Duration 1 week

Due to Chronic parenchymatous Nephritis Unknown

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 131A

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) (e) Means of injury _____

23. Signature Virgil E. Shade (M. D. or other) _____

Address Orrick, Mo. Date signed 2-3-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-22-47

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 _____

Self

Registered Apprentice No. _____

working under my personal supervision.

Signed Victor E. Immerger

Licensed Embalmer No. 2886

P. O. Address Liberty, 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.