

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41733**

Registration District No. **297**

Primary Registration District No. **6020**

Registrar's No. **619**

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Brooked River Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.F.D. # 2, Hardin, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 59 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Ray
 (c) City or town Crooked River Township
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. #2, Hardin, Mo.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ida Ellen Clark
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 13th
 year 1946 hour 12 minute 01 A.M.
 21. I hereby certify that I attended the deceased from 12-2-
1946 to 12-13- 1946
 that I last saw her alive on 12-13- 1946
 and that death occurred on the date and hour stated above
 Immediate cause of death myocarditis

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lewis Fred Clark
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased August 21, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>3</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Hardin, Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business _____
 12. Name William Mc Corkendale
 13. Birthplace Hardin, Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Annie Hill
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Fred Clark
 (b) Address Hardin, Mo.
 17. (a) Burial (b) Date thereof 12/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hardin Cemetery

18. (a) Signature of funeral director Robert Boggs
 (b) Address Ridgeway, Missouri
 19. (a) Dec 16-46 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

Due to Rheumatism
 Due to _____
 Other conditions 93E
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

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 Bl. Clark (M. D. or other) _____
 Address 706 Boone St. Date signed 12-14-46

Duration _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

40545 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health No 8,

District File Number

Date Filed

12-30-46

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 *Robert P. Rogers*

Licensed Embalmer No. *9576*

P. O. Address. *Ridgeway 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.