

FILED DEC 4 1947

Registration District No. **297**

Primary Registration District No. **3157**

Registrar's No. **111**

1. PLACE OF DEATH:

(a) County **Ray**  
(b) City or town **Richmond**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**643 E. Main St. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **5 years**  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**  
(c) City or town **Richmond**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **643 E. Main St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **FLORA MASON CLARKE**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Reuben J. Clarke** 6. (c) Age of husband or wife if alive **deceased** years  
7. Birth date of deceased **June 14, 1862**  
(Month) (Day) (Year)

8. AGE: Years **85** Months **5** Days **12** If less than one day hr. min.

9. Birthplace **Lafayette County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER  
12. Name **Samuel O. Mason**  
13. Birthplace **Unknown Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Georgia Ann Dulaney**  
15. Birthplace **Unknown Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Emily Clarke**  
(b) Address **643 E. Main, Richmond, Mo.**  
17. (a) **Burial** (b) Date thereof **Nov. 28, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Hickory Grove, Ray Co., Mo.**

18. (a) Signature of funeral director **Thermon Funeral Home**  
**Richmond, Missouri**  
(b) Address

19. (a) **Nov. 29-1947** (b) **Malcol Jackson**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **26th**  
year **1947** hour **3:20** minute **P. M.**

21. I hereby certify that I attended the deceased from **Nov. 26** 19**47** to **Nov 26** 19**47**  
that I last saw him alive on **Nov 26** and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**  
**Hypertension + Arterial Sclerosis**  
Due to **2 yrs.**

Duration

**30 min.**

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) Means of injury **2**

23. Signature **D. E. O. [Signature]** (M. D. or other) **2**  
Address **Richmond, Mo.** Date signed **Nov 28, 1947**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-3-47

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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.....

William L. Thurman....., Registered Apprentice No. 65.....

working under my personal supervision.

Signed W. L. Thurman.....

Licensed Embalmer No. 2073.....

P. O. Address Richmond, Missouri.....

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.