No. 2
5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 22 1945

Registration District No. 22 27

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 102227

Primary Registration District No. 4333

Registrar's No.

1. PLACE OF DEATH:
(a) County MONITEAU
(b) City or town CLARKSBURG
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community LIFE
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONITEAU 68
(c) City or town CLARKSBURG 0
(If outside city or town limits, write "RURAL")
(d) Street No. No street numbers 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NATIVE 0

3. (a) PRINT FULL NAME ARMINTIA CLARK
3. (b) If veteran, name war NONE
3. (c) Social Security No. —

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife E. CLARK
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JULY 11th. 1877
(Month) (Day) (Year)

8. AGE: Years 67 | Months 5 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace COOPER COUNTY, MISSOURI 0
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME

FATHER
12. Name Wm BIRDSONG
13. Birthplace COOPER COUNTY, MISSOURI 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LUCINDIA ROBERTSON
15. Birthplace UNKNOWN 0
(City, town, or county) (State or foreign country)

16. (a) Informant Norman Clark
(b) Address 2939 Olive, Kansas City, Mo
17. (a) BURIAL (b) Date thereof 1/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clarksburg Masonic Cemetery
18. (a) Signature of funeral director Samuel E. Richards
(b) Address TIPTON, MISSOURI
19. (a) 1/12/45 (b) ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1945 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from July, 1942, to January 10, 1945
that I last saw her alive on January 9, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	2 years
Due to:	
Due to:	
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) (e) Means of injury 0

23. Signature Kenyon Latham (M. D. or other) M.D.
Address California, Mo Date signed 1-11-45

734

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-21-45

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed James E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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.

. No. 2B
1—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 222 Primary Registration District No. 4233 Registrar's No.

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

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

3. (a) PRINT FULL NAME Armintia Clark
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 11 1877 (Month) (Day) (Year)
8. AGE: Years 67 Months 5 Days If less than one day hr. min.
9. Birthplace Boonville (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 1-12-45 (Date received local registrar) (b) Jennie M. Needels (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1945 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

10227