

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22011  
Registrar's No. 31

Registration District No. 225

Primary Registration District No. 4335

1. PLACE OF DEATH:

(a) County **Moniteau**  
(b) City or town **Tipton**  
(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 **None**  
In this community **Seven Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Alice Ann Clark**

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 **H.L. Clark** 6. (c) Age of husband or wife if alive **Dead** years  
7. Birth date of deceased **July 1 1853**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**89 11 10** hr. min.

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

10. Usual occupation **At Home**

11. Industry or business **At Home**

MOTHER FATHER  
12. Name **Calvin Gist**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Kathryn Doggett**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Katie Pedego**

(b) Address **Tipton, Missouri**

17. (a) **Burial** (b) Date thereof **6-13-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moreau Cemetery**

18. (a) Signature of funeral director **James E. Richards**  
(b) Address **Tipton, Mo**

19. (a) **June 12/43** (b) **Mrs. Lewis Ferguson**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**  
(c) City or town **Tipton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **EAST-MORGAN STREET**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **Native**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11**  
year **1943** hour **2** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **1-1-42**  
19 to **6-11-43** 19  
that I last saw him alive on **6-11-43** 19  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Cerebral Hemorrhage**

Due to

Other conditions **Arteriosclerosis**  
(Include pregnancy within 3 months of death)

Major findings: **82a**  
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 **O**

23. Signature **J.B. Norman** (M. D. or other)

Address **6-12-43** Date signed **6-12-43**

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

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

Licensed Embalmer No. 2466

P. O. Address Lypton

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.