

REC'D FEB 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2686
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 44
(b) Township Jasper Primary Registration District No. 2222 Registered No. _____
(c) City Joplin (d) Street No. 222 N. Porter St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 222 N. PORTER St. (If nonresident, give city or town and State)
Clarence Edward Clark

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maudie Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 - 1868

7. AGE YEARS 70 MONTHS 5 DAYS 30 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Employee

9. Industry or business in which work was done, as saw mill, bank, etc. 49 years

10. Date deceased last worked this occupation (month and year) _____ 11. Total time (years, months, and days) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Verona Co (STATE OR COUNTRY) Missouri

FATHER 13. NAME Dand Clark 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Sarah Clawson 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mr Maudie Clark (ADDRESS) Joplin Mo

18. BURIAL CREMATION, OR REMOVAL 202 N. Porter DATE 1/26 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wheeler & Co Joplin Mo.

20. FILED 1-26-39 Ed Jensen Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25-39

2. I HEREBY CERTIFY, That I attended deceased from January 9 1939 to January 25 1939. I last saw him alive on July 25 1939 Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: General Jaundice Cancer of liver Date of onset _____

Other contributory causes of importance: Suicidal with 46

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) William E. Gray, M. D.
(Address) Joplin Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Officer No. 6,
District File Number 6-39-327
Date Filed FEB 16 1939

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 *Henry J. [Signature]*

Licensed Embalmer No. 959

P.O. Address *Joplin 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, above space should be left blank.