

REC'D FEB 15 1939

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

3016
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 541
 (b) Township Jefferson Primary Registration District No. 5737
 (c) City Jefferson (d) Street No. _____ 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 Leander Benton Clark

(a) Residence, No. Lanes Prairie, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1851		
7. AGE	YEARS	MONTHS
	87	2
		DAYS
		22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Welcome, Mo.		
13. NAME John Lawson Clark		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.		
15. MAIDEN NAME Ward		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1938

22. I HEREBY CERTIFY That I attended deceased from Sept 15-1938 to Sept 17-1938
 I last saw him alive on Sept 15-1938 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:
Chronic interstitial nephritis
 Date of onset about 1 year

Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? Symptoms Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) W. R. Currell, M. D.
 (Address) Belle, Mo.

17. INFORMANT Lon Clark
 (ADDRESS) Linn, Mo. R D.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mahan Cemetary DATE Sept 18 1938

19. FUNERAL DIRECTOR Morton Funeral Home
 (ADDRESS) Linn, Mo.

20. FILED 10 1939 Leander Johnson
 Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

..... Licensed Embalmer No.

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.)