

DEC'D FEB 27 1939

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

3575
 Do not use this space.

1. PLACE OF DEATH *Pulaski 2*
 (a) County..... Registration District No..... *712*
 (b) Township *Talbot*..... Primary Registration District No..... *5941* Registered No..... *4*
 (c) City..... (d) Street No.....
 (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 *Philip Dale Clark*
 (a) Residence, No..... 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 22 - 1920*

7. AGE YEARS *18* MONTHS *2* DAYS *7* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *at home*
 9. Industry or business in which work was done, as saw mill, bank, etc. *at home*
 10. Date deceased last worked at this occupation (month and year) *Jan 29, 1939* 11. Total time (years) spent in this occupation *Life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Richland Mo*

FATHER 13. NAME *Isaac Blank*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Richland Missouri*

MOTHER 15. MAIDEN NAME *Margaret Manes*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Richland Mo*

17. INFORMANT (ADDRESS) *Mrs. Margaret Clark Richland*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. John* DATE *12/30/39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *B. B. Spicer Richland Mo*

20. FILED *Jan 29 1939* *Orville A. Oliver* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 29 1939*

22. I HEREBY CERTIFY That I attended deceased from *Jan 20 1939* to *Jan 29 1939*

I last saw him alive on *Jan 29 1939*. Death is said

to have occurred on the date stated above, at *1030 a.m.*

The principal cause of death and related causes of importance were as follows:

Bunches Pneumonia Date of onset *1-19-39*

Other contributory causes of importance: *Unknown*

Name of operation..... Date of.....

What test confirmed diagnosis? *Red Side* 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) *Orville A. Oliver*, M.D.

(Address) *Richland Mo*

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,

Not Embalmed

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.