

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

10645
Do not use this space.

1. PLACE OF DEATH 1939
 (a) County Dallas Registration District No. 247
 (b) Township Washington Primary Registration District No. 5342 Registered No. 10
 (c) City _____ (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 George Thos. 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Pearl Clark
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) Milford, Micho.
 FATHER 13. NAME Thos H. Clark
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 MOTHER 15. MAIDEN NAME Rest Kiser
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 17. INFORMANT (ADDRESS) Pearl Clark Long Lane, Mo RR #1
 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE 4/2/39
 19. FUNERAL DIRECTOR (ADDRESS) W. E. Halman Lebanon Mo
 20. FILED 4-9-1939 J. J. Talbot Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/1/39 1939
 22. I HEREBY CERTIFY, That I attended deceased man on 3-28, 1939, to _____, 19____.
 I last saw him alive on 3-28 - _____, 1939 Death is said to have occurred on the date stated above, at 9 P m.
 The principal cause of death and related causes of importance were as follows:
Aortic Sclerosis Organic heart disease
 Date of onset NO
95 P 2
 Other contributory causes of importance:
Cardiac Asthma - Hypo 3-20-39
Static Pneumonia 3-26-39
 Name of operation none Date of _____
 What test confirmed diagnosis? usual 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? NO
 If so, specify _____
 (Signed) G. B. Plummer, M. D.
 (Address) Buffalo Mo

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.

NOV 10 1948

JAN 17 1949

MAR 25 1947

STATEMENT BY LICENSED EMBALMER

I, W.E. Halman, Licensed Embalmer No. 3061

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W.E. Halman
Licensed Embalmer No. 3061

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.)