

Dr Hurst.

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

29405
Do not use this space.

REC'D SEP 14 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township _____ Primary Registration District No. 2002 Registered No. _____
(c) City Joplin, (d) Street No. St. John's Hospital 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 462 Murry Clark 50

(a) Residence, No. 2310 Bird 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 0 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as saw mill, bank, etc. Sunflower Lines
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) Baxter Springs Kansas

FATHER 13. NAME John M. Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Eliza Slagel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Inez Clark
(ADDRESS) 2310 Bird, Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 8-31-39 19

19. FUNERAL DIRECTOR (NAME) Reynolds Mortuary
(ADDRESS) Joplin, Missouri

20. FILED 8-29-39 El Joplin
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1939, to Aug 28, 1939
I last saw him alive on August 28, 1939. Death is said to have occurred on the date stated above, at 10:05p

The principal cause of death and related causes of importance were as follows:
Bodily disease approx Date of onset 7-2-39
72 lb

Other contributory causes of importance:
Atelectasis of Right Lung

Name of operation none Date of none
What test confirmed diagnosis clinical findings 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) W. W. Hurst, M. D.
(Address) 617 Main St, Joplin, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 939-1840

Date Filed SEP 8 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

F. M. Jones

Licensed Embalmer No. 2319

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.