

REC'D SEP 8 1939

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

29442
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
(b) Township MOPLIN Primary Registration District No. 3021 Registered No. 72
(c) City or Webb City (d) Street No. Jones Children 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. 13 mos. 0 ds.
(If of foreign birth? yrs. mos. ds.)

2. PRINT/FULL NAME

John William Clark
(a) Residence, No. 228 West 13th St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 12, 1937</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>5</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Child</u>	
	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) <u>Jasper County Missouri</u>		
FATHER	13. NAME <u>James Yuse Clark</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Webb City Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Martha Coats</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jasper County Missouri</u>	
17. INFORMANT (ADDRESS) <u>Wm. M. J. Clark Webb City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT. HOPE CEMETARY</u> DATE <u>AUG. 31, 39</u> 19		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Walter Nelson WEBB CITY, MO. 397</u>		
20. FILED <u>AUG. 31, 39</u> 19		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1939 to Aug 29, 1939
I last saw him alive on Aug 29, 1939. Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Peritonitis Generalized

Other contributory causes of importance:
121
Reptured Appendix

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) W. F. Gerson M.D.
(Address) Webb City, 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 939-1765

Date Filed SEP 5 1933

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.....

E. W. Hedge....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. W. Hedge*.....

Licensed Embalmer No. 2859

P. O. Address *W. B. Pety*

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.