DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30773

Registration District No. SEC'D OCT 14 1939 791 1003

Primary Registration District No.

Registrar's No. 7831

1. PLACE OF DEATH:

(a) County St

(b) City or town St. Louis Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town Joplin (If outside city or town limits, write "RURAL") W.R.

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Clark, Earl Kenneth W.

3. (b) If veteran, name war None

3. (c) Social Security No. 518-03-3165

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Opal McCoy Clark

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased May 3, 1911 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
28	4	7	hr. min.

9. Birthplace Grandy (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Miner

11. Industry or business Mining

FATHER
12. Name Harry Clark
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Essie Arris
15. Birthplace Grandy (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Opal Clark

(b) Address Joplin, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/13/39 (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.

19. (a) SEP 11 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day Tenth year 1939 hour Nine minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept. Eighth, 1939, to Sept 10, 1939; that I last saw h.l. alive on Sept 10, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebellar abscess = Rt. caused by mastoid	1½ yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

89 L

Major findings:
Of operations
Of autopsy abscess

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. R. Bradley (M. D. or other)

Address Barnes Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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 Albert H. Hoppe

Licensed Embalmer No. 1864

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.