

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.

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

38987
Do not use this space.

REC'D DEC 11 1939

1. PLACE OF DEATH 2

(a) County Boone Registration District No. 79

(b) Township Columbia Primary Registration District No. 5112

(c) or City (d) Street No. _____ St. _____

(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 Joe M. Clark

(a) Residence, No. Boone County St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>41</u>	<u>11</u>	<u>20</u>	

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) Boone County Missouri

13. NAME Richard Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Missouri

15. MAIDEN NAME Lucy Hamilton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mississippi

17. INFORMANT (ADDRESS) Mrs. Richard Clark Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Central Cem. DATE Nov. 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Harkiss Columbia, Mo.

20. FILED 11/14/39 Allie Selby Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1939, to Nov. 12, 1939

I last saw him alive on 11-11-1939 Death is said to have occurred on the date stated above, at 5 a. m.

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

Lobar Pneumonia Date of onset 4 days

Other contributory causes of importance: 108 Epilepsy 40 yrs

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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 None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. P. Dyson, M. D.

94 (Address) Columbia, 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, or by me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Tom McHarg Jr

Licensed Embalmer No.

4867

P. O. Address

Columbia, Mo

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.