

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.

Registration District No. 213

Primary Registration District No. 2014

Registrar's No. 309

1. PLACE OF DEATH: JEFFERSON 8 1940

(a) County Cole

(b) City or town Jefferson

(c) Name of hospital or institution: 702 East High Street 2
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: 16 Months (Specify whether In this community _____ years, months or days) (Specify whether _____)

3. (a) PRINT FULL NAME Reece Maurice Clark 462

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leona C. Clark 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 4 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40		26	
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9. Birthplace Beaver Crossing, Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Civil Engineer 1

11. Industry or business W.P.A. Engineer 9

12. Name Ichabod Clark 9

13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Middleton

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Leona Clark

(b) Address Jefferson City, Missouri

17. (a) Removal (b) Date thereof Dec-31-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beaver Crossing, Neb.

18. (a) Signature of funeral director Thos J Gordon

(b) Address Jefferson City, Missouri

19. (a) 12/30/39 (b) D. B. Bischoffm.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 5

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1939 hour 3 minute _____ M.

21. I hereby certify that I attended the deceased from Aug 6 1937 to Dec 30 1939 that I last saw him alive on Dec 30 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Coronary Sclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 8 months of death) 946

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place) (Means of injury)

23. Signature H. J. Taylor (M. D. or other) _____

Address Jefferson City, Mo Date signed 12/30/39

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.....

Licensed Embalmer No.....

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.