No. 2
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17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16393

Registration District No. 881 Primary Registration District No. 6173 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Warren Pickney Twp
(b) ~~City or town~~ Bernheimer
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 9 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren
(c) City or town Bernheimer, Mo
(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.

3. (a) PRINT FULL NAME Clifton Albert Clark 462
3. (b) If veteran, name war
3. (c) Social Security No. 702102374
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline Clark
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased September (Month) 2 (Day) 1907 (Year)

8. AGE: Years	Months	Days	If less than one day
32	7	20	hr. min.

9. Birthplace Klondike, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Section Hand 0
11. Industry or business 0
FATHER 12. Name Plesent Clark
13. Birthplace Mc. Kittrick, (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Emma Koelling
15. Birthplace Marthasville, (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Fieldon Clark
(b) Address Bernheimer, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24 (Month) (Day) 1940 (Year)
(c) Place: burial or cremation Augusta, Mo.
18. (a) Signature of funeral director Fred Wichterling
(b) Address Marthasville, Mo.
19. (a) April 23, 1940 (Date received by local registrar) (b) A. Wichterling (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22, year 1940 hour 5 minute 3 a.m.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death By shooting self with 12 gauge shot gun through head (Disease of)	
Due to above unknown 8	
Due to Causes unknown	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 167	
Of autopsy	

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) Suicide
(b) Date of occurrence April 22, 1940
(c) Where did injury occur? At home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In shed at home (Specify type of place)
While at work? no (e) Means of injury Shooting
23. Signature Dr. F. H. Kemp (M. D. or other)
Address Washington, Mo. Date signed April 22

(Licensed Embalmer's Statement on Reverse Side)

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. 2464

P. O. Address Washington Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.