FILED OCT 10 1940

. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31436

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 992

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

1. PLACE OF DEATH:

11 (a) County BUCHANAN

5 (b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)

7 (c) Name of hospital or institution: MO. METHO. HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 da. (Specify whether years, months or days)

In this community 7 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 919 Polk (POLK)
(If rural, give location)

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

3. (a) PRINT FULL NAME William O. Clark

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary S Middleton

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

7. Birth date of deceased Dec. (Month) 30 (Day) 1858 (Year)

8. AGE: Years 81 Months 8 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Bedford Co. (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Merchant (Retired)

11. Industry or business

FATHER
12. Name (Unk)
13. Birthplace " (City, town, or county) " (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) " (State or foreign country)

16. (a) Informant Mrs. J. D. Mitchel
(b) Address Kansas City Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Sept. 10, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Chillicothe Mo.

18. (a) Signature of funeral director James D. Gordon
(b) Address Chillicothe Mo.

19. (a) 9/10/40 (Date received local registrar) (b) H J Westbrook (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10th year 1940 hour 4 minute 15 A M.

21. I hereby certify that I attended the deceased from Sept 3, 1940, to Sept 10, 1940, that I last saw him alive on Sept 9, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Lobar

Due to 108

Due to

Other conditions Hypertrophy of Prostate
(Include pregnancy within 3 months of death)

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? 85 (Specify type of place)
While at work? — (e) Means of injury

23. Signature Charles Greenberg (M. D. ~~or other~~)
Address Pa. Bldg St Joseph Mo Date signed 9/10/40

(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.....

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.