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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38519

Registration District 213

Primary Registration District No. 2014

Registrar's No. 297

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

6
3
5

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution: Mo. State Penitentiary Hospital
(d) Length of stay: In hospital or institution Four years
In this community Do years, months or days 3

3. (a) PRINT FULLNAME BLAME CLARK (48,585)
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race Col'd 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 4, 1907

8. AGE: Years 33 Months 10 Days 8 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Various

MOTHER { 12. Name Unknown

FATHER { 13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Marshall W. Kelly

(b) Address Jefferson City, Mo

17. (a) Removal (b) Date thereof 11-14-40
(c) Place: burial or cremation Kirksville, Mo.

18. (a) Signature of funeral director John F. Heinrichs

(b) Address Heinrichs Fun. Home

19. (a) 11-14-40 (b)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 0
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 12th
year 1940 hour 2 minute 30 P.A.M.

21. I hereby certify that I attended the deceased from March 21,
1939 to November 12, 1940
that I last saw him alive on November 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of the spine

Due to Paras abscess

Due to

Other conditions Syphilis
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature Marshall W. Kelly (M. D. or other)
Address Jefferson City, Mo.

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

John F. Heinrich

Licensed Embalmer No. *3655*

P. O. Address *712 E. High St.*

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 385-19 ⁷

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 213

Primary Registration District No. 2014

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Colo.
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo State Prison Hosp
(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 _____ (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.

3. (a) PRINT FULL NAME Blaine Clark 48586

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

4. Sex M 5. Color or race col 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 33 Months 10 Days 8 If less than one day _____ min.

9. Birthplace mo rural (City, town, or county) _____ (State or foreign country)

MOTHER FATHER

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11-14-41 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Nov day 12 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw h. _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Marshall W. Kelley (M. D. or other)

Address Jefferson city Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

1948

1949

1950

1951

1952

1953

1954

1955

1956

1957

1958

1959

1960

1961

1962

1963

1964

1965

1966

1967

1968