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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41954
Registrar's No. 369

Registration District No. 89

Primary Registration District No. 3007

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Jesse Samuel Clark
3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-05-4498

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wife Ruth Crain Clark 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May 6, 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 7 If less than one day hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business Manager, A.P. super market

MOTHER FATHER { 12. Name Samuel D. Clark
13. Birthplace Belleville Ill. (City, town, or county) (State or foreign country)
14. Maiden name Ida Kunze
15. Birthplace Fayetteville Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Crain Clark
(b) Address Poplar Bluff Mo.

17. (a) Burial (Barial, cremation, or removal) (b) Date thereof Dec. 15, 40 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Frank Mortuary
(b) Address Poplar Bluff Mo.

19. (a) 12/19/40 (Date received local registrar) (b) Kate Sutz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits write "RURAL")
(d) Street No. 968 Lester St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 13 year 40 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec 13, 1940 to Dec 13, 1940 that I last saw him alive on Dec 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 6 hrs.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy None
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? 86 (Specify type of place) (e) Means of injury _____
23. Signature W. B. Brackman (M. D. or other) MD
Address Poplar Bluff Date signed 12-19-40

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 Grover W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.