

FILED MAY 21 1941

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

15178

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 551
 (b) Township Randolph Primary Registration District No. 5744
 (c) City Maywood (d) Street No. 1
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 0

2. PRINT FULL NAME

Neil Loujoy Clark
 (a) Residence, No. 1/2 mile west of Emerson St. 0
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Jane May Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1880

7. AGE YEARS 80 MONTHS 11 DAYS 9
 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plainville, Mo.13. NAME Casa Clark14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Martha Jane Rice16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Harry Clark (ADDRESS) Maywood, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Emerson DATE April 3, 194119. FUNERAL DIRECTOR C. H. Chambers (ADDRESS) Maywood, Mo.20. FILED April 22, 1941 J. M. Crebs Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 194122. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1937, to Apr 2, 1941I last saw him alive on Apr 21, 1941. Death is saidto have occurred on the date stated above, at 3 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexyDate of onset 3/27/41Other contributory causes of importance: g. w.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 2

If so, specify

(Signed) Dr. C. B. Shreve, M.D.(Address) Philadelphia, Mo.

41 22 1941

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, A. H. Chambers, Licensed Embalmer No. 3766

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed A. H. Chambers

Licensed Embalmer No. 3766

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.)