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BUREAU OF THE CENSUS  
FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31607

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 759

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 day  
In this community 34 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 611 E. Page  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rufus Stenson Clark  
3. (b) If veteran, name war None  
3. (c) Social Security No. 702-03-5662

20. DATE OF DEATH: Month Sept day 19 year 1941 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from Sept 18 1941 to Sept 19 1941; that I last saw him alive on Sept 19 1941; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Addie C. Clark 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased March 22 1884  
(Month) (Day) (Year)

Immediate cause of death Brain Tumor  
no malignancy  
Due to \_\_\_\_\_  
Due to 56 d  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration 1 yr  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years 57 Months 5 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Marion Crittenden Co., Kentucky  
(City, town or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Missouri Railroad

12. Name William Clark

13. Birthplace Crittenden Co., Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah McCormick

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

16. (a) Informant Mrs. Kirk Hawkins

(b) Address Springfield, Mo

17. (a) Burial (b) Date thereof Apr 21, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenland

18. (a) Signature of funeral director Thieme

(b) Address Springfield, Mo

19. (a) 9-20-41 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_  
Of autopsy Brain Tumor

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 \_\_\_\_\_  
Signature W. E. Handley (M. D. or other) \_\_\_\_\_  
Address Springfield Mo Date signed 9/20/41

984 (Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 1941

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**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.....

*R. H. Thomas*

Licensed Embalmer No. *3681*

P. O. Address... *Springfield,*

**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.**

*X*