

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34149**

FILLED NOV 17 1941

Registration District No. _____

Primary Registration District No. **200**

Registrar's No. **283**

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Rural**
(c) Name of hospital or institution: **Keokuk, Mo. R # 3**
(d) Length of stay: In hospital or institution **(1 day)**
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Adair**
(c) City or town **Near Clay - Rural**
(d) Street No. **Keokuk, Mo R # 3**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EDWARD O. CLARK**

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

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, divorced **Married**
6. (b) Name of husband or wife **Effie Clark** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **Sept 14 1866**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **6**
year **1941** hour **5** minute **A.M.**

21. I hereby certify that I attended the deceased from **July 1935** to **Sept 22 1941**
that I last saw him alive on **Sept 22 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Amurism of Aorta which ruptured and death ensued immediately**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **96**

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

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? _____

(Specify type of place) _____
(e) Means of injury _____

23. Signature **M. F. Kennedy** (M. D. or other) **M.D.**
Address **Keokuk, Mo** Date signed **Oct 10**

8. AGE: Years **75** Months **0** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **Clark Co, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER { 12. Name **W. W. Clark**
13. Birthplace **Dont know**
14. Maiden name **Evlyn Spangle**
15. Birthplace **Mo.**
(City, town, county) (State or foreign country)

16. (a) Informant **W. A. Clark**
(b) Address **Keokuk, Mo. R.D. 3**

17. (a) **Buried** (b) Date thereof **Oct 8 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Keokuk**

18. (a) Signature of funeral director **Spencer L. Inman**

(b) Address **Keokuk, Mo.**

19. (a) **Oct 11/41** (b) **Spencer L. Inman**
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 11-41-2015

Date Filed NOV 13 1944

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, fact should be so stated above.