

FILED NOV 11 1941

Registration District No. 784

Primary Registration District No. 104

Registrar's No. 2214

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ferguson Barber Shop
(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 Missouri (b) County Saint Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 501 Carson Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1941 hour 4:50 minute 0 P. M.
21. I hereby certify that I attended the deceased from 11:30-40
_____, 19____, to 11-1, 1941.
that I last saw him alive on 10-31, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion
Due to Hypertension +
Arteriosclerotic heart
Due to Arteriosclerosis

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

Other conditions.
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

3. (a) PRINT FULL NAME Harrison (Harry) C. Clark

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Effie W. Clark 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 4, 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 27
If less than one day hr. min.

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

10. Usual occupation Clerk, retired

11. Industry or business _____

12. Name Johnston Clark

18. Birthplace N. J.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Clark
Clark Mrs. Clark (State or foreign country)

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

16. (a) Informant Mrs. W. L. Clapper

(b) Address 7926 Gannon

17. (a) Burial (Berial, cremation, or removal) Bellefontaine Cemetery (b) Date thereof Nov. 4, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington

19. (a) NOV 3 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury none

23. Signature [Signature] (M. D. or other) MD

Address 724 Natural Bridge Date signed 11-3-41

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

76
6
2

96
5
2

0

Duration
Immediate
death

3 yrs
3 yrs

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

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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 Philip M. Lewis

Licensed Embalmer No. 3281

P. O. Address 4468 Washington Blvd.

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.