

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39084  
Registrar's No. 152

DEC 22 1941 677  
Registration District No.

Primary Registration District No. 4403

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

1. PLACE OF DEATH:

(a) County PHILIPS  
(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: EDWIN LONG HOTEL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 1 DAY years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE  
(c) City or town LEBANON MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 326 S JEFFERSON  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 4  
year 1941 hour ABOUT 3 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) gla  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME CLARENCE EDGAR CLARK

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LOU McKNIGHT 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased AUG 5 1981  
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace FRANKLIN Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business MORTON SALT Co

12. Name FRANCIS M CLARK

13. Birthplace AUBURN NY  
(City, town, or county) (State or foreign country)

14. Maiden name JANEY HAWKINS

15. Birthplace ASPER Co MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Clark

(b) Address LEBANON MO

17. (a) REMOVAL (b) Date thereof NOV. 8,  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) 11-6-41 (b) Joe F. Myers  
(Date received local registrar) (Registrar's signature)

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?  
Died in bed at hotel  
While at work? NO (Specify type of place) (e) Means of injury 3  
23. Signature R. S. Miller coroner (M., D. or other)  
Address Rolla Mo Date signed 11/6/41

**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.....

*Allen DeLorge*....., Registered Apprentice No. *294*  
working under my personal supervision.

Signed.....  
*D. DeLorge*

Licensed Embalmer No. *1161*

P. O. Address *Shannon 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, fact should be so stated above.**