

No. 2
4-13-40
5-17-39
P I X23159

FILED AUG 17 1942
Registration District No. 35

Primary Registration District No. 3034

Registrar's No. 131

8
36
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: *Randolph*
 (a) County _____
 (b) City or town. *Moberly*
 (c) Name of hospital or institution: *McClormick Hospital*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution *2 days*
 In this community *6 weeks*
 years, months or days

2. USUAL RESIDENCE OF DECEASED: *999*
 (a) State. *Iowa* (b) County *Appanoose*
 (c) City or town. *Moulton*
 (If outside city or town limits, write "RURAL")
 (d) Street No. *none* (If rural, give location)
 (e) If foreign born, how long in U. S. A.? *2* years.

3. (a) PRINT FULL NAME *OSCAR E. CLARK*

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *July* day *9th*
 year *1942* hour *9* minute *55 P.M.*

3. (b) If veteran, name war. *None* 3. (c) Social Security No. *499-07-6584*

21. I hereby certify that I attended the deceased from *July 7*, 1942 to *July 9*, 1942 that I last saw him alive on *July 9*, 1942 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. *Nora Clark*
 6. (c) Age of husband or wife if alive. *49* years
 7. Birth date of deceased. *April-22-1884*
 (Month) (Day) (Year)

Immediate cause of death *Clot in brain* - Duration *2 ds*

8. AGE:	Years	Months	Days	If less than one day
	<i>58</i>	<i>2</i>	<i>17</i>	hr. _____ min. _____

Due to *piece of steel severing Left Common Carotid artery*
Due to *working as machinist*

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation *Blacksmith*

Major findings: *Common carotid artery severed.*
 Of operations _____
 Of autopsy _____

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

11. Industry or business *McDonald Machine Shop*

12. Name *Howard Clark*
 13. Birthplace *West Virginia*
 (City, town, or county) (State or foreign country)

14. Maiden name *Patience Ann Fay*
 15. Birthplace *Illinois*
 (City, town, or county) (State or foreign country)

16. (a) Informant *Mrs. Nora Clark*
 (b) Address *Moulton Ia*
 17. (a) *Burial* (b) Date thereof *July-19-42*
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) *accident 127*

(b) Date of occurrence *July 7-1942*
(c) Where did injury occur? *Moberly Randolph Mo*
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? *Industrial*

18. (a) Signature of funeral director *Snow Funeral Home*
 (b) Address *Moberly Mo.*
 19. (a) *July 10-42* (b) *Irma Howe*
 (Date received local registrar) (Registrar's signature)

While at work? *yes* (Specify type of place)
(e) Means of injury *flying steel*
 23. Signature *A. L. McCormick* (M. D. or other) *M.D.*
 Address *Moberly* Date signed *7-10-42*

RECEIVED

District Health Officer No. 10

District File Number ~~8-42-1200~~ - 1614

Date Filed AUG 14 1942

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. M. Cater

Licensed Embalmer No. 4117

P. O. Address Thobersly Md.

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.