

No. 2
-1447
-17-39
K28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33207

FILED OCT 23 1942

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 951

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hosp 2 days
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan

(c) City or town Troy
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Willis S. Clark

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 4 day Oct
year 1942 hour 4:55 minute AM

21. I hereby certify that I attended the deceased from 10/2 1942 to 10/4 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 Mary Clark

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept 20 1865
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage
Duration 2 days

Due to Cerebral arteriosclerosis

8. AGE: Years 77 Months 0 Days 14
If less than one day hr. _____ min. _____

Other conditions 820
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

9. Birthplace Spring Valley Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation retired flour miller

11. Industry or business _____

MOTHER FATHER { 12. Name James Clark

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

14. Maiden name Mary McClaren

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

16. (a) Informant Mary Clark

(b) Address Troy, Mo

17. (a) Burial (b) Date thereof Oct 5, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Mo

18. (a) Signature of funeral director E. F. MARR

(b) Address TROY KANSAS

19. (a) 10-5-42 (b) Roe Devoz
(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) no

(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) _____

While at work? _____ (e) Means of injury D

23. Signature W. T. Cook, MD (M. D. or other)

Address St. Joseph Mo Date signed 10/4/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *E. F. Karr*.....

Licensed Embalmer No. *2586 Missouri*.....

P. O. Address *Proy, Kansas*.....

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.