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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33580

Registration District No. 94 Primary Registration District No. 5345 Registrar's No.

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Rural (Sac Township)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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: 29

(a) State Missouri (b) County Dade 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Sac Township
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Franklin Clark

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Elizabeth Clark

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

7. Birth date of deceased June (Month) 29 (Day) 1858 (Year)

8. AGE: Years 84 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Polk County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming & saw mill work

11. Industry or business

FATHER
12. Name McArthur Clark
13. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Asbell
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Jimmie Clark
(b) Address Star Rt. 2 Greenfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-'42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director Ward Funeral Home
(b) Address Greenfield, Mo. (Rollins Knott)

19. (a) Oct. 21-42 (Date received local registrar) (b) Nora Pyle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10, year 1942 hour 5 minute 30 P. 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 Death due to natural Causes

Due to Heart Failure

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)

While at work? — (e) Means of injury —

23. Signature A. H. Hann Justice of Hall (M. D. or other)

Address Greenfield Mo Oct. 27 1942 Date signed

1300 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1042-1508
Date Filed OCT 27 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 Rollins Knott

Licensed Embalmer No. 3685

P. O. Address Greenfield, 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.

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33 5-80

Registration District No. 94 Primary Registration District No. 5345 Registrar's No.

1. PLACE OF DEATH:

(a) County Dade

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

(c) Name of hospital or institution:
(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 Dade

(c) City or town Rural Sac twp
(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 ✓

3. (a) PRINT FULL NAME John Franklin Clark

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 29 (Day) 1858 (Year)

8. AGE: Years 84 Months 3 Days If less than one day hr. min.

9. Birthplace Polk County (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business Farming

MOTHER FATHER
12. Name McArthur Clark
13. Birthplace unknown (City, town, or county) ✓ (State or foreign country)

MOTHER
14. Maiden name Asbell
15. Birthplace unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Jimmie Clark
(b) Address Star Rte #2 Greenfield Mo.

17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mt Zion Cem Burial

18. (a) Signature of funeral director Ward Funeral Home
(b) Address Greenfield Mo.

19. (a) Oct 21-42 (Date received local registrar) (b) Mrs Nora Pyle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1942 hour 3 30 minute P 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 Chronic Myocarditis,

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)
(b) 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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

93d