

FILED MAY 27 1943 156

Primary Registration District No. 2001

Registrar's No. 260

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
903 Virginia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 903 Virginia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Edward Clark

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lucy Clark 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct. 31 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 6 _____ hr. _____ min.

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

10. Usual occupation Teamster

11. Industry or business employed by self

MOTHER FATHER
12. Name Berry Clark
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucy Clark

(b) Address 903 Va. Joplin Mo.

17. (a) burial (b) Date thereof 5 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin Mo.

19. (a) 5-8-43 (b) Gutendo Sudhatter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1943 hour 2 minute 20 A. M.

I hereby certify that I attended the deceased from March 25 1943 to May 6, 1943
that I last saw him alive on May 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration _____

Due to _____
Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?

23. Signature H. B. Keen (Specify type of place) _____
(e) Means of injury _____
Address 3302 Main St Joplin Date signed 5-8-43

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

43-5-443

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.