

FILED AUG 7 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 5018

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: Platho June

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 70 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew's

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (If yes, name country \_\_\_\_\_)

3. (a) PRINT FULL NAME SOLON C. CLARK

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 20  
year 1943 hour 3 minute 8 P. M.

21. I hereby certify that I attended the deceased from Nov 20, 1941, to 7-20, 1943; that I last saw him alive on 7-20, 1943; and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife Josephine Smith Clark

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: Oct 3, 1859  
(Month) (Day) (Year)

Immediate cause of death: Diabetes mellitus

Duration: 3 yrs.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>19</u>	_____ hr. _____ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

9. Birthplace in known See 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Jesse Simpson

13. Birthplace in known Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name MIRA Porter

15. Birthplace in known Ind.  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Mrs. E. R. Jeffers

(b) Address Whitesville

17. (a) \_\_\_\_\_ (b) Date thereof 7-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whitesville

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah mo

19. (a) 7/23/43 (b) J. H. Fitchman  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Dr. Luther R. Rockhold (M.D. or other) \_\_\_\_\_

Address Union Star mo Date signed 7-23-43

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

200

MOTHER FATHER

1072

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**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. L. Breit

Licensed Embalmer No. 2658

P. O. Address Lawrence, 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.**