

FILED OCT 20 1944

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 225

1. PLACE OF DEATH:

(a) County cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
824 E. Elm St 1
(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
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County cole 26
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 11824 E. Elm
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY CLARK

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

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased March 22 1885
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month oct, day 4, year 1944, hour 10, minute P., M.
21. I hereby certify that I attended the deceased from June 24 1944 to oct 4 1944
that I last saw him alive on oct 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer pancreas
Duration _____

8. AGE: Years 57 Months 6 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Pierce Clark

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

14. Maiden name Emma Talbert

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

16. (a) Informant Earl Bolton

(b) Address 818 Lafayette St

17. (a) Burial (b) Date thereof 10-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longview Cemetery

18. (c) Signature of funeral director Edw. Manner

(b) Address 700 Jefferson St

19. (a) 10-10-44 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) H69

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature Edw. Manner (M. D. or other) _____

Address Jefferson City, Mo. Date signed Oct 6 1944

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

6
5
4

MOTHER FATHER

874

RECEIVED

District Health Officer No.

District File Number

Date Filed 10-18-44

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.

OCT 23 1944

Signed *F. Anderson*

Licensed Embalmer No. 3641

P. O. Address *June*

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.