H Pearson

. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35929

Registration District No. 2-78

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County: Pike

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

(c) Name of hospital or institution: Pike County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pike

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

(d) Street No.: 2nd Floor Main Georgia St! (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: William Ellis Clark

3. (b) If veteran, name war: (?)

3. (c) Social Security No. 710-12-5651

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Margaret Clark

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: February (Month) 22 (Day) 1893 (Year)

8. AGE: Years 51 Months 7 Days 27 If less than one day hr. min.

9. Birthplace: (?) (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Leather Sorter

11. Industry or business: Glove Factory

FATHER

12. Name: Charley Clark

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

MOTHER

14. Maiden name: Nancy Strauber

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

16. (a) Informant: Ruth Wagner (Cousin)

(b) Address: 1207 Georgia, Louisiana Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Alton Ill

18. (a) Signature of funeral director: F O Haley

(b) Address: Louisiana Mo

19. (a) 10/18-44 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1944 hour 11:55 minute A M.

21. I hereby certify that I attended the deceased from Oct 14 1944 to Oct 18 1944 that I last saw him alive on Oct 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia — Duration 4 days

Due to: 108

Due to:

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: H Pearson (M. D. or other)

Address: Louisiana Mo Date signed 10/18/44

1169

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-44-1902
Date Filed NOV 10 1944

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 George O. Wagner Registered Apprentice No. ..... working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.