No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1944

Registration District No. 38

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 37117

Primary Registration District No. 3006-5120

Registrar's No. 293

**1. PLACE OF DEATH:**

(a) County Boone

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

(c) Name of hospital or institution: R.F.D. Columbia (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 82 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Boone

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

(d) Street No. R.F.D. (If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** LEWIS 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 Henretta Clark

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 10-4-1862 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 82 | — | 29 | hr. min. |

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

10. Usual occupation Farmer

11. Industry or business Farm

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

MOTHER
14. Maiden name Unknown
15. Birthplace — (City, town, or county) — (State or foreign country)

16. (a) Informant John Clark

(b) Address Columbia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Calloway County

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Columbia, Missouri

19. (a) 11-17-44 (Date received local registrar) (b) Edna H. Barnes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 11 day 3 year 1944 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct 25, 19__, to Nov 3, 1944 that I last saw him alive on Nov. 7 rt, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Dysentery

Due to

Due to 2 MC

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 J. A. Crawford (M. D. or other)

Address Columbia Mo. Date signed 11/20/44

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number .....

Date Filed 12-14-44

## 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.

Signed Elmer R. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.**