

No. 2  
8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8939**

**FILED** APR 15 1946

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

Primary Registration District No. **4170**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County **DeKalb**  
(b) City or town **Union Star, Mo. DeKalb**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **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 **46 yrs**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **DeKalb 32**  
(c) City or town **Union Star**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **WILLIAM AUBREY CLARK**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **491-24-9935**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years  
7. Birth date of deceased **Oct. 16 1898**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months **3** Days **5** If less than one day  
**10:47 PM** hr. \_\_\_\_\_ min.

9. Birthplace **Union Star Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Standard Oil Bulk Station agent**

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

MOTHER FATHER  
12. Name **A. F. Clark**  
13. Birthplace **Union Star Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Martha Wilson**  
15. Birthplace **Worth County Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **A. F. Clark**  
(b) Address **Union Star, Mo**

17. (a) **Burial** (b) Date thereof **Jan. 24 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Star, Mo.**

18. (a) Signature of funeral director **Lucile M. Wilson**

(b) Address **King City, Mo.**  
19. (a) **3-16-46** (b) **W. M. Dorman**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **21**  
year **1946** hour **7** minute **PM**

21. I hereby certify that I attended the deceased from **Jan 21 1946** to **Jan 21 1946**  
that I last saw him alive on **Jan 21 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **12 hrs**

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

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

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy **830**

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? \_\_\_\_\_

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

23. Signature **E. M. Reynolds** (M. D. or other) \_\_\_\_\_  
Address **Union Star Mo** Date signed **1-22-46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
7868

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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..... *Lucile M. Wilson* .....

Licensed Embalmer No. *2830* .....

P. O. Address..... *King City, 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.**