

7. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 2 1946
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Ottawa

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

(c) Name of hospital or institution Bathwell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 min
(Specify whether years, months or days)

In this community 3 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

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

(d) Street No. 87 Highway
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME LEWIS WILLIAM CLARK

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-18-0363

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife RUTH CLARK 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased July 5 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Lone Oak Texas
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. Engineer

11. Industry or business M. & J. R.R.

12. Name Jesse Wm. Clark

13. Birthplace Jenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Patterson

15. Birthplace Jenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Clark (b) Address Franklin Mo.

17. (a) Removal (b) Date thereof 3/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia (Crown Hill)

18. (a) Signature of funeral director C. S. Newman
(b) Address 711 Franklin Mo.

19. (a) 3-15-46 (b) Betty Yager
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1946 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3-13 1946 to 9:30 am 3-13 1946
that I last saw him alive on March 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to arterio sclerosis

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy appt

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 J. W. Boyer (M.D. of State)
Address Sedalia Mo. Date signed 3-13-46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Received
Deat. No. 8
2-1-46

APR 5 1946

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 L. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, Va.

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.