S. No. 2
M—2-43
. 5-17-39
P I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19475

FILED JUL 8 1946

Registration District No. 5120 Primary Registration District No. 5120 Registrar's No. 145

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 75 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM ROBARDS CLARK

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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 7 - 9 - 1870 (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Dudley W. Clark
13. Birthplace Madison Co. (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Robards
15. Birthplace Columbia (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Miss Elizabeth Clark
(b) Address Route 2, Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 6-18-46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1946 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 16, 1946 to June 18, 1946 that I last saw him alive on June 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Thrombosis

Due to Age & High B.P.

Due to

Other conditions Diarrhoea for the last two years

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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 home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. P. Wright M.D. (M. D. or other)
Address Columbia Mo. Date signed 6-18-46

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-8-46

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 Tom M Harg

Licensed Embalmer No. 9067

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.