

Registration District No. 41

Primary Registration District No. 5987

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural, Fishing River Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home 1/4 mi. W. of Prathersville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

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

(d) Street No. 1/4 Mile W. of Prathersville
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Rubin R. Clark

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

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife. Louisa

6. (c) Age of husband or wife if alive. 77 years

7. Birth date of deceased. March 3 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83	9	15	hr. min.
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9. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.....

MOTHER FATHER { 12. Name Peter Clark

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

14. Maiden name Lucinda Brooks

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

16. (a) Informant Mrs. Rubin R. Clark

(b) Address Route 1, Excelsior Springs

17. (c) Burial (b) Date thereof 12-19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Crown Hill Cemetery

18. (a) Signature of funeral director. Claude Frichard

(b) Address Excelsior Springs, Missouri

19. (a) 12/20/46 (b) Caroline Hutchings
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18 year 1946 hour 2:10 minute 4 M.

21. I hereby certify that I attended the deceased from Dec. 13, 1946 to Dec. 18, 1946 that I last saw h. im alive on Dec. 17, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Arteriosclerosis, hypertension

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy 63A

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 SR M. Frichard (M. D. or other) M.D.
Address Excelsior Springs, Mo Date signed 12/18/46

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-28-76

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48

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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 _____

Licensed Embalmer No. 4168

P. O. Address Secretary General

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.

51611