

7. S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

FILED JAN 30 1947

Registration District No. 33

Primary Registration District No. 4497

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Shelby county

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

(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 103

(c) City or town Clarence, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Samuel Clark

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th
year 1946 hour 4 minute 30 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Irene Clark

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March 15th 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 28 October 1946 to 10 December 1946; that I last saw him alive on 10 December 1946; and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 8 Days 25 If less than one day hr. min.

Immediate cause of death Uremic poisoning Duration ?

Due to Hypertension Myocarditis ?
Severe Arteriosclerosis

Due to Senility ?

Other conditions Senility ?
(Include pregnancy within 3 months of death)

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

10. Usual occupation Rtr. Farmer

Major findings: Of operations ---

Of autopsy ---

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name James Clark

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

14. Maiden name Isabel Grahm

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

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? _____

16. (a) Informant Mrs. Irene Clark

(b) Address Clarence Mo.

17. (a) Burial (b) Date thereof 12-12-1946
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Clarence, Mo.

18. (a) Signature of funeral director Million & Baskelaw
Clarence, Mo.

(b) Address _____

19. (a) Dec 21 1946 (b) Ruth James
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) _____

(c) Means of injury _____

23. Signature [Signature] M.D. or other _____

Address [Signature] Date signed 12-17-46

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

42052

367

RECEIVED
District Health Officer No. 10
JAN - 6 1947
4:47:7

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..... *Ellw Hawkins*
Licensed Embalmer No. *3498*
P. O. Address..... *Shelburne 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.