

V. S. No. 2
FORM-8-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 407
Registrar's No. 36

FILED JAN 28 1947

Registration District No. 47 Primary Registration District No. 3008

14
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Sulton
(c) Name of hospital or institution State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 d 2
In this community 10 d (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clark
(c) City or town Kahoka
(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 GEORGE CLARK
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife DTL 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DTL 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 23 year 1947 hour 12 minute 05 M.
21. I hereby certify that I attended the deceased from 1-19-47 to 1-23-47 that I last saw him alive on 1-22-47 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months _____ Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Pneumonia
Due to _____
Due to _____

9. Birthplace Kahoka Mo
10. Usual occupation farmer
11. Industry or business farmer
12. Name Julius Clark
13. Birthplace Kahoka Mo
14. Maiden name DTL
15. Birthplace DTL

Other conditions Ar myocarditis
Major findings: Of operations _____
Of autopsy 930

16. (a) Informant Hospital records
(b) Address Sulton Mo
17. (a) Removal (b) Date thereof 1-23-47
(c) Place: burial or cremation Kahoka Mo
18. (a) Signature of funeral director Wallace Funeral Home
(b) Address 916th St Sulton Missouri
19. (a) 1-23-1947 (b) Jouis M. ...

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? _____
(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 0
Signature Cladwell (M. D. or other) MD
Address Sulton Mo Date signed 1-23-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 27 1947

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 *Denzil C. Browning*
Licensed Embalmer No. *2727*
P. O. Address *Tulton 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.