

S. No. 2
M-5-43
v. 5-17-39
-I X36871

State File No.

FILED MAY 8 1947

Registration District No. 237

Primary Registration District No. 5825

Registrar's No. 98

1. PLACE OF DEATH:

(a) County New Madrid

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

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

(d) Length of stay: In hospital or institution —
(Specify whether)

In this community 10 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. — General Delivery
(If rural, give location)

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

3. (a) PRINT FULL NAME William Edward Clark

3. (b) If veteran, name war none

3. (c) Social Security No. —

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Minnie L. Clark

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

7. Birth date of deceased September 30 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1947 hour — minute 9:00 A.M.

21. I hereby certify that I attended the deceased from June 1 1944 to April 24 1947
that I last saw him alive on April 16 1947
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------------|
| | <u>63</u> | <u>6</u> | <u>24</u> | hr. <u>—</u> min. <u>—</u> |

Immediate cause of death Myocarditis

Due to Hardening of arteries and
Chronic infection of St. Mucosa

Due to —

Other conditions (Include pregnancy within 3 months of death) —

9. Birthplace Harrisburg, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business —

12. Name Wm R. Clark

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Alice Dixon 19

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie L. Clark 1
(b) Address Risco, Mo S D

17. (a) Burial (b) Date thereof 4-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden New Cemetery

18. (a) Signature of funeral director Andrew Funeral Home
(b) Address Campbell, Missouri

19. (a) 5/1/47 (b) Substituted
(Date received local registrar) (Registrar's signature)

Major findings: —

Of operations —

Of autopsy —

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? —

23. Signature S. C. Artstorn (M. D. or other) —

Address Malden Date signed 5/1/47

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

MOTHER FATHER

Duration 4 yr

PHYSICIAN —

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 547-6

Date Filed 5-6-47

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 *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, Missouri*

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.