

No. 2  
2-45  
17-39  
X47070

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

FILED MAY 16 1947  
156

Registration District No. \_\_\_\_\_ Primary Registration District No. **2001** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:  
**Galena Township 3**  
(If not in hospital or institution, write street number or location)

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

In this community **a few minutes.**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Oklahoma** (b) County **Mayer 999**

(c) City or town **Pryor** **31**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? **No** **2**  
(Yes or No)

If yes, name country **No**

3. (a) PRINT FULL NAME **Michael V. Clark**

3. (b) If veteran, name war **World War 2**

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** Color or race **white**

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

6. (b) Name of husband or wife **Barbara G. Clark**

6. (c) Age of husband or wife if alive **21 1/2** years

7. Birth date of deceased **Oct 21, 1900**  
(Month) (Day) (Year)

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

**26** **5** **21** hr. min.

9. Birthplace **Neversink New York**  
(City, town, or county) (State or foreign country)

10. Usual occupation **airplane pilot**

11. Industry or business **Commercial Air pilot**

MOTHER FATHER

12. Name **Roy T. Clark**

13. Birthplace **New York**  
(City, town, or county) (State or foreign country)

14. Maiden name **Irene Vantran**

15. Birthplace **New York**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Barbara G. Clark**

(b) Address **Pryor Okla.**

17. (a) **removal** (b) Date thereof **April 12, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pryor Okla.**

18. (a) Signature of funeral director **Hurlbut Und. Co.**

(b) Address **Joplin Missouri**

19. (a) **4-15-47** (b) **Salomon Sampkins**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4<sup>th</sup>** day **12**  
year **1947** hour **8:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **April 19, 1947** to **April 12, 1947**, 19\_\_\_\_; that I last saw him **did not attend** alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Unplanned accident 2 1/2 miles S.W. Joplin airport killed instantly**

Due to **The entire body mangled**

Other conditions **11 3/4**  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: **11 3/4**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) **Accident 49**

(b) Date of occurrence **4/12/47**

(c) Where did injury occur? **R.R. 6. 2 1/2 miles S.W. Joplin Mo.**  
(City or town or county) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?  
**Home**  
(Specify type of place)

While at work? **No** Means of injury **air plane accident**

23. Signature **A.W. Hurlbut** (or other) **1002**

Address **211 49 Joplin** Date signed **4/15/47**

47-41371

APR 29 1949

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MAY 20 1949

JUN 4 1949

**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.....

P. O. Address.....

**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.**