

FILED JUL 14 1947

3021

Registration District No. 132

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:
 (a) County GRUNDY
 (b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
923-E104 ST 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 40 years
years, months or days

3. (a) PRINT FULL NAME Richard Jefferson Clark
3. (b) If veteran, _____ **3. (c) Social Security**
 name war _____ No. 068-12-6000

4. Sex MAL **5. Color or race** WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LULU CLARK **6. (c) Age of husband or wife if**
alive 58 years
7. Birth date of deceased Dec 2, 1888
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 15
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Billerman

11. Industry or business C.R.I.P. R.R.

MOTHER FATHER

12. Name Richard Jefferson Clark
13. Birthplace UNKNOWN PENN
(City, town, or county) (State or foreign country)
14. Maiden name ANNA WRIGHT
15. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant Geonora Clark

(b) Address 4322 Waverly, K.C., Mo

17. (a) BURIAL **(b) Date thereof** May 20, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Male Sun, Trenton Mo

18. (a) Signature of funeral director Rayne A. Davis
(b) Address Trenton Mo

19. (a) 5-20-47 **(b) Irene Saw**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Grundy
 (c) City or town TRENTON
(If outside city or town limits, write "RURAL")
 (d) Street No. 923-E104 ST 2
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
 year 1947 hour 7:35 minute P M.

21. I hereby certify that I attended the deceased from
March 17, 1947 to March 17, 1947
 that I last saw him alive on March 17, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration less than 28 hrs

Due to _____
 Due to _____

Other conditions 43A
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: 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) _____
 (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)**
 (c) Means of injury 0

23. Signature W. H. Hauler M.D. (M. D. or other) 0
Address Trenton Mo **Date signed** 5-19-47

DISTRICT HEALTH OFFICE
CANON, Mo.

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.....

.....
working under my personal supervision.

Myself

....., Registered Apprentice No.....

Signed.....

Raymond A. Davis

Licensed Embalmer No. *3424*

P. O. Address *Trenton, 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.