

3. No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20703

State File No. _____

Registration District No. 132

Primary Registration District No. 5476

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sturdy

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 75-2-5

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sturdy 40

(c) City or town Tindall 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME William Thomas Clark

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1947 hour 4 minute 30 p. M.

4. Sex Male 5. Color or race White

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

(b) Name of husband or wife Dusion Clark (c) Age of husband or wife if alive 76 years

7. Birth date of deceased: Mar - 5 - 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 17, 1947, to May 10, 1947
that I last saw h. in alive on April 20, 1947
and that death occurred on the date and hour stated above.

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

<u>75</u>	<u>2</u>	<u>5</u>	hr. min.
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Immediate cause of death Broncho Pneumonia

Due to Chronic Asthma

Due to _____

9. Birthplace Sturdy Co Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER

11. Industry or business _____

12. Name James Clark

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Margaret White

15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

Major findings: Of operations 1-0

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Monte Hance
(b) Address Spickard Mo.

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

(c) Place: burial or cremation Martin's Cem Sturdy Co. Mo.

18. (a) Signature of funeral director Schools funeral Home
(b) Address Spickard Mo.

19. (a) 5-12-47 (b) Irene Fall 15
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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 E W Ewing (M. D. another) _____
Address Spickard Mo Date signed _____

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

**DISTRICT HEALTH OFFICE
Cameron, 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Ross Wise*

Licensed Embalmer No. 3971

P. O. Address *Spickard 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.