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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27447

Registration District No. 128 Primary Registration District No. 2-0-0-0 5466 Registrar's No. 710 E

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural, S. Campbell Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route # 3, Springfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. Rural Route Number 3
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME CURTIS S. CLARK

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary E. Clark

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

7. Birth date of deceased February (Month) 5, (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	6	2	hr. min.

9. Birthplace Comers Rock, (City, town, or county) Virginia (State or foreign country) 1

10. Usual occupation Farmer (retired)

11. Industry or business Agriculture

FATHER
12. Name Hugh Clark
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant J. W. Worrell (son-in-law)
(b) Address Route # 3, Springfield, Mo.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 8-9-47 (Date received local registrar) (b) W E Handley M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7, year 1947 hour 11: minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 5 1947, to Aug 7, 1947 that I last saw him alive on Aug 7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature William J. Wetzel (M.D. or other)
Address Springfield Mo. Date signed Aug 8 1947

(Licensed Embalmer's Statement on Reverse Side)

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 Harry Ayre, Registered Apprentice No. 479, working under my personal supervision.

Signed Jewell E. Windle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.