. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 31 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33982

State File No.

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 74

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 227 W.Franklin St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 227 W.Franklin St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Oscar Lee Clark

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nellie Newman Clark

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October (Month) 17 (Day) 1873 (Year)

8. AGE: Years 74 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Linneus (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Real Estate & Insurance

11. Industry or business Owned own agency

FATHER
12. Name James E. Clark
13. Birthplace Linneus (City, town or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Virginia Ashbrook
15. Birthplace Linn Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. T. Alexander
(b) Address Linneus, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23'47 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Liberty, Mo.

18. (a) Signature of funeral director [illegible]
(b) Address 114 E. Franklin Liberty, Mo.

19. (a) Oct 23 1947 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1947 hour 3:00 minute 15 a.m.

21. I hereby certify that I attended the deceased from July 24, 1945 to Oct. 15 1947 that I last saw him alive on Oct. 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration

Due to Hypertension

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 C. M. Smith (M.D. or other) D.O.
Address Liberty, Missouri Date signed 10-23-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 10-30-47

DEC 18 1957

MAR 23 1956

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 O. J. Carden Jr.

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.