

U.S. No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1475**
Registrar's No. **14**

FILED JAN 26 1948
Registration District No. **1948**

Primary Registration District No. **3028**

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

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:
518 Olive St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **19 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

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

(d) Street No. **518 Olive St.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Edwin Adkin CLARK**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **493-12-2919**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Rose Blume Clark** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **October 12, 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	2	2	hr. min.

9. Birthplace **Albany, N.Y.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Mechanic**

11. Industry or business _____

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Rose Blume Clark**

(b) Address **518 Olive, Carthage, Mo.**

17. (a) **Burial** (b) Date thereof **1-15-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fidelity Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **Carthage Mo.**

19. (a) **1-15-1948** (b) **L. B. Clinton, Jr.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **14th.**
year **1948** hour **4:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **1-10**
to **1-14**, 19**48**, and that death occurred on the date and hour stated above.
I last saw him alive on **1-13**, 19**48**.

Immediate cause of death **Arteriosclerotic Heart Disease** Duration **10 years**

Due to **Undetermined**

Due to _____

Other conditions **Cardiac Asthma** 3 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **93 T**

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? **0**

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

23. Signature **L. B. Clinton, Jr.** (M. D. or other) **MD.**

Address **Carthage Mo.** Date signed **1-15-48**

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.....

Marion Y. McCormick
 Marion Y. McCormick

Registered Apprentice No. 17

working under my personal supervision.

Signed.....

Gene C. Pugh
 Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address..... Carthage, 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.