

FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1622

Registration District No. 7

Primary Registration District No. 3033

Registrar's No.

53
1
2

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

1. PLACE OF DEATH:

(a) County Laclede

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

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

(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

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

(d) Street No. In Alley near Winsor Motor Co
(If rural, give location) highway 62

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

If yes, name country

3. (a) PRINT FULL NAME Clair R. Clark

3. (b) If veteran, name war World war I

3. (c) Social Security No. 491-16-1366

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6 year 1948 hour 3 minute 30 P. M.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Susan L. Clark

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 29 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 6, 1948 to Jan. 6, 1948 that I last saw him alive on Jan. 6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 5 min.

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

55 7 7 hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Owensboro Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Mathews maker

Major findings: Of operations 83A

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name Theodore Clark

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

14. Maiden name Mary Shuman

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

16. (a) Informant Susan L. Clark

(b) Address Farmington mo.

17. (a) Burial (b) Date thereof 1-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon

18. (a) Signature of funeral director W.E. Holzman

(b) Address Lebanon mo.

19. (a) Jan 10 1948 (b) Chas Frankfurter
(Date received local registrar) (Registrar's signature)

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 W. A. Hamlet (M. D. or other)

Address Lebanon Mo. Date signed 1/9/48

APR 17 1948

Received 1/19/48

Health Unit

1-48-1

JUN 30 1948
1/19/48

JUL 13 1948

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 Dersey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon, 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.