No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16947

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 175

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Fall Creek Township
(c) City or town: Quincy (If outside city or town limits, write "RURAL")
(d) Street No.: R F D # 5 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME: William Clark
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July 23, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	9	28	hr. min.

9. Birthplace: Virginia Illinois (City, town, or county) (State or foreign country) 1
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Albert Clark
13. Birthplace: Virginia Illinois (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name: No record
15. Birthplace: No record (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs. Frank Tate
(b) Address: R R # 5 Quincy Illinois
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bluff Hall Illinois
18. (a) Signature of funeral director: [illegible]
(b) Address: Hannibal, Mo.
19. (a) 5-21-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 199

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1948 hour 4 minute 35 A. M.

21. I hereby certify that I attended the deceased from July 1947, 19..., to May 21, 1948, that I last saw him alive on May 20, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Malignancy Especially to liver — about	8 mo.
Due to: Primary Bronchogenic Carcinoma — rt lung about	18 mo
~~Due to~~:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NO	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: 0

23. Signature: J. C. Ultzman (M. D. or other) MD
Address: Hannibal Mo. Date signed: 5/21/48

Jefferson City Printing Co. (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 Lyman H Steele, Registered Apprentice No. 460, working under my personal supervision.

Signed W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.