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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 19 1948

Registration District No. 103

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4175

State File No. 22720

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Hammersville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: B
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME HUGH CLARK

3. (b) If veteran, name war #1 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 1 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Huston Co. Tenn (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Will Clark
13. Birthplace Buffalo N.Y. (City, town, or county) (State or foreign country)

{ 14. Maiden name Geable Elliott
15. Birthplace Hickman Co Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Edward Alvin Roster

(b) Address Rever, Tenn. R#1

17. (a) Burial (b) Date thereof June 15 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berea

18. (a) Signature of funeral director Walter Murphy

(b) Address Martin, Tennessee

19. (a) 6-20-1948 (b) Bertha Kinschum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Hammersville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14
year 1948 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Run over by Cotton-Belt
Freight train
Due to Right foot cut off above the
ankle, left foot through the shoe,
Due to Head cut off at base of skull,
right arm broke above the elbow.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy No Autopsy
164-8
30

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 6-14-48
(c) Where did injury occur? Hornersville (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on R.R. Track 800ft E. Depot

While at work? _____ (Specify type of place)
(e) Means of injury 3

23. Signature Walter G. Harkins
Address Bennett Mo Date signed 6-18-48

RECEIVED

District Health Office No.

District File Number 248-80

Date Filed 2-16-80

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.....

Licensed Embalmer No.....

P. O. Address.....

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.