DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1948

Registration District No. 76

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35786

Primary Registration District No. 4065

Registrar's No. 62

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

1. PLACE OF DEATH:

(a) County Caldwell

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13

(c) City or town Polo 0
(If outside city or town limits, write "RURAL")

(d) Street No. ____ 0
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Ellis Mansur Clark

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex male 0

5. Color or race W

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased February (Month) 27 (Day) 1860 (Year)

8. AGE: Years 88 Months 8 Days 21 If less than one day ____ hr. ____ min.

9. Birthplace Ray County (City, town, or county) Missouri 6 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business ____

FATHER
12. Name William Henryn Clark
13. Birthplace unknown (City, town, or county) Tenn. / (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Hailey
15. Birthplace unknown (City, town, or county) Tenn / (State or foreign country)

16. (a) Informant K.B. Clark
(b) Address Cowgill, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Cowgill, Mo.

18. (a) Signature of funeral director Cramer Clark
(b) Address Kingston, Missouri.

19. (a) Nov 24/48 (Date received local registrar) (b) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 18 year 1948 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept - 10, 1947, to 11-18, 1948, that I last saw alive on 11-18, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Effusion	
Due to: Cerebral Hemorrhages 2nd	14 days 18 hrs
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 ____ 0

23. Signature [illegible] (M.D. or other)
Address Polo Mo Date signed 11-19

(Licensed Embalmer's Statement on Reverse Side)

11-19/48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.