

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14064
 Do not use this space.

REC'D MAY 17 1938

1. PLACE OF DEATH
 (a) County..... Buchanan Registration District No. 85
 (b) Township..... Primary Registration District No. 1001
 (c) City..... St. Joseph (d) Street No. 424 North 23rd St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Roundtree Clark
 (a) Residence, No. 424 North 23rd, St. Joseph, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan M. Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 16, 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
92 4 28

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired merchant
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cornwall
 (STATE OR COUNTRY) New York

FATHER
 13. NAME Nathan Clark

14. BIRTHPLACE (CITY OR TOWN) Cornwall
 (STATE OR COUNTRY) New York

MOTHER
 15. MAIDEN NAME Mary Birdsall

16. BIRTHPLACE (CITY OR TOWN) Plattekill
 (STATE OR COUNTRY) New York

17. INFORMANT Dr. J. S. Clark
 (ADDRESS) 424 North 23rd

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Woodlawn Cemetery DATE 4-17 1938

19. FUNERAL DIRECTOR Walter Mischaffner
 (ADDRESS) 1302 Forean Street, St. Joseph

20. FILED April 14, 1938 A. J. Mott
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from sometime, 1935, to Apr. 14, 1938
 I last saw him alive on Apr. 13, 1938 Death is said to have occurred on the date stated above, at 8:10 a.m.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis unknown
General
Coronary Sclerosis unknown
94B.
 Other contributory causes of importance:
Cerebral Thrombosis Jan. 1938

Name of operation None Date of _____
 What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) E. M. Shores _____, M. D.
85 (Address) Kirkpatrick Building, St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Stores - 2-33

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Wilbur H. Kelly
Licensed Embalmer No. Mo. 3946

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.)