REC'D MAR 13 1939

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

5903
Do not use this space.

2
1

85

1. PLACE OF DEATH
(a) County BUCHANAN Registration District No. 1001
(b) Township WASHINGTON Primary Registration District No. Registered No. 112
(c) City ST. JOSEPH, (d) Street No. 1811 FARAON ST. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

11
5
7

2. PRINT FULL NAME JAMES PERRY CLARK
(a) Residence, No. 1811 FARAON St.
(Usual place of abode, if no street address, write county or city) (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): MARRIED,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ELIZABETH
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPTEMBER 13, 1875
7. AGE: YEARS 63 | MONTHS 4 | DAYS 19 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): INDEPENDENCE, KANSAS

FATHER
13. NAME: B. F. CLARK,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BUCHANAN COUNTY, MISSOURI

MOTHER
15. MAIDEN NAME: ARTIE DENNY,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): PLATTE COUNTY, MISSOURI

17. INFORMANT (ADDRESS): ELIZABETH CLARK, 1811 FARAON ST. JOSEPH, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE: MEMORIAL PARK CEM. DATE: FEBRUARY 4, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN, ST. JOSEPH, MO.
20. FILED: Feb 4, 1939 H. J. Nestlebush, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): FEB. 2 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1938, to Feb. 2, 1939
I last saw him alive on Feb. 1, 1939 Death is said to have occurred on the date stated above, at 4:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	1938?
Angina Pectoris	1938
94 A	
Other contributory causes of importance: Generalized arteriosclerosis	1937

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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) Cabray Wortley, M. D.
(Address) 731 Faraon St. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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, JOHN E. RUPP

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address 1946 COLHOUN ST. ST. JO ST. JOSEPH, MISSOURI

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

If this body is not embalmed, above space should be left blank.