

REC'D MAY 12 1939

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

14450  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Cape Girardeau Registration District No. 125  
 (b) Township Cape Girardeau Primary Registration District No. 3909 Registered No. 161  
 (c) City Cape Girardeau (d) Street No. Southeast Hospital 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.

2. PRINT FULL NAME Robert Edward Clark  
 (a) Residence, No. Millerwiller Mo St.  Southeast Mo Hospital  
 (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 Nona Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1894

7. AGE YEARS 44 MONTHS 9 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 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) April 7, 1939 11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly Tenn.

FATHER 13. NAME George W. Clark  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Alice Coltharp  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Guston Tenn.

17. INFORMANT (NAME) Mrs. Nona Clark  
 (ADDRESS) Millerwiller Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Camden Tenn. DATE April 23, 1939

19. FUNERAL DIRECTOR (NAME) Cracraft & Miller  
 (ADDRESS) Jackson Mo 1st

20. FILED 4-21-39 J.M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-1939

22. I HEREBY CERTIFY, That I attended deceased from 4-7-, 1939, to 4-21, 1939  
 I last saw him alive on 4-21, 1939 Death is said to have occurred on the date stated above, at 8:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Fracture of 12th Rib  
Internal with pneumonia  
7 days.  
 Date of onset 4-7-39

Other contributory causes of importance: None

Name of operation none Date of       
 What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Acc. Homicide Date of injury 4-1, 1939  
 Where did injury occur? Cape Girardeau Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury fall from barn logs  
 Nature of injury     

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify fracture - fall from barn logs  
 (Signed) J.M. Thompson M. D.  
 (Address)     

(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 RECORD

**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, above space should be left blank.**