

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

32439  
 Do not use this space.

OCT 24 1939

1. PLACE OF DEATH  
 (a) County GREENE Registration District No. 316  
 (b) Township SPRINGFIELD Primary Registration District No. 2001  
 (c) City SPRINGFIELD (d) Street No. Burge 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 462 Seth G Clark  
 (a) Residence, No. Ocean Beach, Mo. St.  Ocean Beach, Mo.  
 (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 M 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 Maud Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
57 9 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor  
 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) (STATE OR COUNTRY) Ohio Rockville Missouri

FATHER 13. NAME Franklin Taylor Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Alice Margaretta Boyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Maud Clark Ocean Beach, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wenton, Mo DATE Oct 11

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Banks-Woodruff Camden Park, Mo

20. FILED Oct 11, 1939 Chas A. Gargano Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/9 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/9, 1939, to 10/9, 1939

I last saw him alive on 10/9, 1939. Death is said to have occurred on the date stated above, at 4:55 p.m.  
 The principal cause of death and related causes of importance were as follows:

Crushing and fracturing injury to rt. leg & thigh Date of onset 10/9/39

Other contributory causes of importance: Shock & hemorrhage & pulmonary edema 20

Name of operation Amputation middle of thigh Date of 10/9/39

What test confirmed diagnosis? Ch. X. Path. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10/9, 1939

Where did injury occur? At a toll man near Cam Hunter Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Caught st. leg in a belt of machinery at a toll man

Nature of injury Crushing & fracture - hemorrhage & shock

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify Released several lifemen when singly caught

(Signed) F. J. Southern M. D.  
 (Address) Springfield, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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**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 Robt. Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

**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.**

X