

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

39744

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 349
 (b) Township East Primary Registration District No. 4207
 (c) City Calhoun (d) Street No. _____ 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 1866
 7. AGE YEARS 73 MONTHS 1 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 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) Ross County Mo
 FATHER 13. NAME George W. Clark
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 MOTHER 15. MAIDEN NAME Mary Storms
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 17. INFORMANT Calhoun Mo
 18. BURIAL, CREMATION, OR REMOVAL Buried
 PLACE Clark Cemetery DATE Nov 20 1939
 19. FUNERAL DIRECTOR A. H. Hauser
 (ADDRESS) Calhoun Mo
 20. FILED Nov. 20, 1939, Mrs. Edith J. Simpson
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov 1 at 1939, to Nov 18 1939
 I last saw him alive on Nov 18 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Inflammation of Bowels
 Date of onset 11/11/39
 Other contributory causes of importance: Valvular Heart
 Name of operation none Date of _____
 What test confirmed diagnosis? ✓ Was there an autopsy? _____
 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? _____
 If so, specify _____
 (Signed) D. A. Peck M. D.
 (Address) Calhoun Mo

RECEIVED
District Health Officer No. 71
District File Number 7-39-1640
Date Filed 12-8-39

STATEMENT BY LICENSED EMBALMER

I, J. A. Housey, Licensed Embalmer No. 3502
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed J. A. Housey
Licensed Embalmer No. 3502

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.)