

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 556

Primary Registration District No. 5751

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. East of Princeton, Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Wilmer Clark

3. (b) If veteran, name war World War

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace Clark

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March 30 1890  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 8 year 1940 hour 30 minute 9 P. M.

21. I hereby certify that I attended the deceased from Apr 6, 1940 to Apr 8, 1940 the I last saw him alive on Apr 8, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 0 Days 8 If less than one day \_\_\_\_\_ hr. min.

Immediate cause of death Pulmonary tuberculosis

Due to Tuberculosis of both lungs

Other conditions Acute Inflammation of Heart

Duration 2 1/2 yr + 12 hrs.

9. Birthplace Mercer Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN

Major findings: Physical

Of operations: None

Of autopsy: None

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Tom Clark

13. Birthplace Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Ries

15. Birthplace Mercer Co. Mo.  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

16. (a) Informant's own signature Irene Clark

(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof April 10-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton, Mo.

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) 4/9-40 (b) J. M. Perry  
(Date of local registrar) (Registrar's signature)

23. Signature Irene Clark (M. D. or other) \_\_\_\_\_

Address Princeton Mo Date signed 4/9/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 F. Ivan Martin  
Licensed Embalmer No. 3760  
P. O. Address Biscaton, ms.

**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.**