

Registration District No. 1127

Primary Registration District No. 3017

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton
(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 _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Grundy

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

(d) Street No. E 7th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Grover Clarence Clark

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Verba Wood Clark

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 6 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>11</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist

11. Industry or business _____

MOTHER FATHER

12. Name John W Clark

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

14. Maiden name Mollie Lambeth

15. Birthplace Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Verba Clark

(b) Address 4018 7th Trenton

17. (a) Burial burial **(b) Date thereof** 6-30-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director Chas. H. Hays

(b) Address Trenton, Mo.

19. (a) 6-29-40 **(b)** Drew S. Saw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1940 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from June 27 1940 to June 27 1940
that I last saw him alive on June 27 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerotic Heart Disease

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

3:00 **While at work?** _____ **(Specify type of place)** _____

(e) Means of injury _____

23. Signature Wm A. Dason **(M. D. or other)** MD

Address Trenton Mo **Date signed** 6-29-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1127 131218 1940

W. J. ...

RECEIVED

District Health Officer No. 111

District File Number 742-1253

Date Filed JUL 17 1940

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.....

Charles D. G... ..

Registered Apprentice No.

working under my personal supervision.

Signed

Charles D. G... ..

Licensed Embalmer No. 3709

P. O. Address Fresno, Cal

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.