

FILED OCT 12 1940

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

31316

Do not use this space.

1. PLACE OF DEATH

5 (a) County Barry (b) Township Sugar-Creek (c) City Saligman, Mo. (d) Street No. 36 (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.

Registration District No. 0Primary Registration District No. 5052

Registered No. _____

2. PRINT FULL NAME

(a) Residence, No. Saligman Mo (Rural) St. (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 single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1935
7. AGE YEARS 4 MONTHS 11 DAYS 26 If LESS than 1 day,hrs. ormin.

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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) Pass (STATE OR COUNTRY) New Mexico, U.S.A.
13. NAME Bert Clark, Sr.
14. BIRTHPLACE (CITY OR TOWN) Warsaw (STATE OR COUNTRY) Indiana, U.S.A.
15. MAIDEN NAME BERLE Matilda
16. BIRTHPLACE (CITY OR TOWN) Pass (STATE OR COUNTRY) New Mexico.

17. INFORMANT Mr. J. C. Haugh (ADDRESS) Saligman
18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem DATE Sept. 14 1940
19. FUNERAL DIRECTOR Koon Funeral Home (ADDRESS) Cassville, Mo.
20. FILED 9-14 1940 Sellie D. Frost Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1940
22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1940, to Sept. 13, 1940. I last saw him alive on Sept. 11, 1940. Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

Convulsion,
acute enteritis
12/18

Date of onset

Other contributory causes of importance:

Acute enteritis

Name of operation..... 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) R. C. Has. R. Brown M. D.
35 (Address) Saligman Mo

RECEIVED
District Health Officer No. 6,
District File Number 1040-2731
Date Filed DEC 31 1940

STATEMENT BY LICENSED EMBALMER

I, Rufus J. Miller, Licensed Embalmer No. 3794

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Rufus J. Miller
Licensed Embalmer No. 3794

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.)

Cassville, Mo.