

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35795

State File No. _____

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 285

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
1919 Hope Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 1919 Hope
(If rural, give location)

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

3. (a) PRINT FULL NAME David Campbell Clark

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2
year 1940 hour 8 minute 10 A. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Ellen Griffith

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

7. Birth date of deceased February 21, 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 7 7, 1940 to Oct 2nd, 1940; that I last saw him alive on Oct 2nd, 1940; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>7</u>	<u>9</u>	hr. _____ min.

Immediate cause of death
Lobar Pneumonia

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

10. Usual occupation Retired

11. Industry or business _____

Due to _____

Due to Exp. pneumonia

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

MOTHER FATHER { 12. Name James Clark

18. Birthplace Abingdon Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Campbell

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Sam B. Selark

(b) Address Ferber Missouri

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? _____

17. (a) Burial (b) Date thereof 10/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jukes Cemetery

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal Mo

19. (a) 10-3-40 (b) H. C. Fisher
(Date received local registrar) (Registrar's signature)

23. Signature H. C. Hopkins (M., D., or other) 2

Address 2027 N. 4th St Date signed Sept 20

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

4

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Henribeal Missouri

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.