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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43181

JAN 20 1941

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 357

1. PLACE OF DEATH:

(a) County Marion

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

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

(d) Length of stay: In hospital or institution 1 Hr. (Specify whether
In this community ____ years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Marion~~ Ralls

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

(d) Street No. ~~StElizabeth Hospital~~
(If rural, give location)

0

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

3. (a) PRINT FULL NAME Virgil 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 Widowed

6. (b) Name of husband or wife Viola Ripley Clark

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

7. Birth date of deceased June, 4, 1876 (Month) (Day) (Year)

8. AGE: Years 73 | Months 6 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Ralls Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer. 0

11. Industry or business Farm 0

FATHER
12. Name George Clark. 0
13. Birthplace Ralls Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ruth Shultz
15. Birthplace Ralls Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ned Griffith
(b) Address Perry, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/40 (Month) (Day) (Year)
(c) Place: burial or cremation Lick Creek Monroe Co. Mo

18. (a) Signature of funeral director Clyde C. Wilkey
(b) Address Perry, Missouri

19. (a) Dec 23 40 (Date received local registrar) (b) W C Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 - year 1940 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 17-40 ____, 19__ to Dec 17, 1940 that I last saw him alive on Dec 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3 hours

Due to ____

Due to ____

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

Major findings:
Of operations ____
Of autopsy ____

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature John E Brown (M. D. ~~or other~~) 1
Address Perry Mo Date signed 12-16-40

(Licensed Embalmer's Statement on Reverse Side)

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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

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.