

REGISTRATION DISTRICT NO. 1511677

Primary Registration District No. 4403

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Rolla  
(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  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps  
(c) City or town Rolla  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Samuel Clark  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 17  
year 1940 hour 9:00 minute 45 A.M.

4. Sex mm 5. Color or race wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Clark 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 15, 1863  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 30  
1940 to Nov 17, 1940  
that I last saw him alive on Nov 18, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 2 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Pulmonary tuberculosis Duration 2 yrs  
Due to \_\_\_\_\_  
Due to 27

9. Birthplace Seymour Ind. (City, town, or county) (State or foreign country)  
10. Usual occupation Farming

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

11. Industry or business \_\_\_\_\_  
12. Name Greston Clark  
13. Birthplace Indiana (City, town, or county) (State or foreign country)  
14. Maiden name Martha Baer  
15. Birthplace Ind. (City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant Sauvon Clark  
(b) Address Rolla Mo  
17. (a) Burial (b) Date thereof Nov 19, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Rolla Cem.  
18. (a) Signature of funeral director R. H. Nelson  
(b) Address Rolla Mo  
19. (a) Nov 19, 1940 (b) J. F. Ayers  
(Date received local registrar) (Registrar's signature)

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?  
610 (Specify type of place) While at work? (e) Means of injury \_\_\_\_\_  
23. Signature E. E. Feind (M. D. or other MD)  
Address Rolla Mo Date signed 11-22-40

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

RECEIVED

District Health Officer No. 5,

District File Number 12401224

Date Filed \_\_\_\_\_

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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 \_\_\_\_\_

Licensed Embalmer No. 33910

P. O. Address Rolla 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.**