S. No. 2
M—4-13-40
v. 5-17-39
I X23159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14524

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 291

39
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

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

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

(d) Length of stay: In hospital or institution 0 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Oklahoma (b) County Kay 34

(c) City or town Newkirk 0 (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.? 2 years.

3. (a) PRINT FULL NAME Joseph W. Clark

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Virginia Clark

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

7. Birth date of deceased July (Month) 7, (Day) 1914 (Year)

8. AGE:

Years	Months	Days	If less than one day
✓ 26	8	29	hr. min.

9. Birthplace Chillicothe, (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation Electrical Engineer

11. Industry or business

FATHER
12. Name J. S. Clark
13. Birthplace Mound City, (City, town, or county) Kansas / (State or foreign country)

MOTHER
14. Maiden name Marie Krieg
15. Birthplace Alma (City, town, or county) Kansas / (State or foreign country)

16. (a) Informant Mr. J.S. Clark

(b) Address Newkirk, Oklahoma

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/6/41 (Month) (Day) (Year)

(c) Place: burial or cremation Newkirk, Oklahoma

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 4-6-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year 1941 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Mch 30, 1941, to April 6, 1941; that I last saw him alive on April 6, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Renatomis

Due to Suppurative Appendicitis

Due to 121

Other conditions Septic pneumonia (Include pregnancy within 3 months of death)

Major findings: Of operations Suppurative appendix

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 W. A. Dekill (M. D. or other) 11

Address Springfield Mo Date signed April 7/41

#5

(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 Wayne Hinkle

Licensed Embalmer No. 3449

P. O. Address Springfield, Me

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, fact should be so stated above.