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FILED MAY 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16067

Registration District No. 838

Primary Registration District No. 6098B

Registrar's No.

1. PLACE OF DEATH:

(a) County. Stoddard

(b) City or town. Rural Liberty Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Dexter, Mo. R. F. D.
(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

3. (a) PRINT FULL NAME Hanson Clark

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-18-2818

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy Maud Clark 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug 28 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>8</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business Sand and Gravel

12. Name Chas. P. Clark

13. Birthplace Mariland
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Timmons

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

16. (a) Informant Mrs. Clark

(b) Address Essex, Mo.

17. (a) Burial (b) Date thereof 5-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Blankenship-Strickland

(b) Address Dexter, Mo.

19. (a) 5/9/41 (b) Margaret Boone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 103

(a) State Missouri (b) County Stoddard

(c) City or town Essex, Mo.
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr. 22 nd 1941 to Apr. 30 th 1941
that I last saw him alive on Apr. 22 , 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

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

23. Signature [Signature] (M.D. or other) [Signature]

Address Dexter, Mo. Date signed 5/3/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2

District File Number 541-66

Date Filed 5/10/4

STATEMENT BY LICENSED EMBALMER

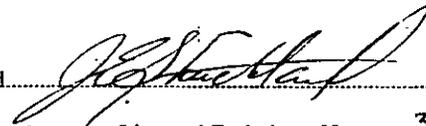
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, scrib

J. E. Strickland

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3479

P. O. Address Dexter, 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, fact should be so stated above.