

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25328

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: Nursing home 1809 Grand Ave, Joplin Mo.  
(d) Length of stay: 2 months  
In this community 42 Years (Specify whether years, months or days) 4

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin Mo.  
(d) Street No. 621 N. Moffett.  
(e) Citizen of foreign country? Born Germany (Yes or No) 0  
If yes, name country Resident U.S. Since 1874

3. (a) PRINT FULL NAME Clara T. Clark.  
3. (b) If veteran, name war. No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July 8, day 1941.  
year hour 6-00 P. Minute M.

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife W. W. CLARK  
6. (c) Age of husband or wife if alive about 80 years  
7. Birth date of deceased Mar. 9, 1862 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 8, 1941, to July 8, 1941, that I last saw him alive on July 7, 1941, and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Arteriosclerosis  
Duration ?

8. AGE: Years 79 Months 3 Days 29 If less than one day hr. min.

Due to Cerebral Arteriosclerosis  
Due to

9. Birthplace Erfurt, Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation House wife

11. Industry or business HOME

12. Name ~~A. P. ...~~ Alberta Thalman  
13. Birthplace Germany (State or foreign country) 4  
14. Maiden name ~~Alberta~~ Alberta Thalman  
15. Birthplace Germany (State or foreign country) 4

Other conditions (Include pregnancy within 3 months of death)  
Major findings: operations None

16. (a) Informant N. K. Clark  
(b) Address 621 N. Moffett, Joplin Mo.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

17. (a) Burial (Burial, cremation, or removal)  
(b) Date thereof Jul. 10, 1941 (Month) (Day) (Year)  
(c) Place: burial or cremation Fairview Cemetery

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?

18. (a) Signature of funeral director Hurlbut Und. Co.  
(b) Address Joplin Mo.

While at work? (Specify type of place) (e) Means of injury  
23. Signature Louis H. Hoff (M. D. or other) Date signed 7/10/41

19. (a) 7-11-41 (Date received local registrar)  
(b) [Signature] Registrar's signature

Address Joplin Mo. Date signed 7/10/41

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

41-8-699

**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 *Sam E. Sweeney*

Licensed Embalmer No. *4099*

P. O. Address *Joplin 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.**