

STANDARD CERTIFICATE OF DEATH

State File No. 31440

Registration District No. 281

Primary Registration District No. 5386

Registrar's No. 100

1. PLACE OF DEATH:

(c) County Douglas
 (b) City or town rural Buchanan
 (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:
 In this community four years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter Rogers Clark

3. (b) If veteran, name war world war 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Cora Clark 6. (c) Age of husband or wife if alive 93 years
 7. Birth date of deceased Feb. 13 1889
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 7 24 hr. min.

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

10. Usual occupation farmer

11. Industry or business

12. Name Richard Clark
 13. Birthplace Leola Iowa
 (City, town, or county) (State or foreign country)
 14. Maiden name Liva Smothers
 15. Birthplace Merced Co Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Oliver Clark
 (b) Address Ray Mo

17. (a) burial (b) Date thereof Oct 10 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Church

18. (a) Signature of funeral director Reverend Rolan

(b) Address Ava Mo

19. (a) 10-22-1941 (b) Reba H. White
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Douglas
 (c) City or town rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Cross Roads Mo.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
 year 1941 hour 6 minute 15 M.

21. I hereby certify that I attended the deceased from
 , 19, to , 19;

that I last saw him alive on , 19;

and that death occurred on the date and hour stated above.

Immediate cause of death Suicide, by himself, in head with shotgun. Duration

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) suicide
 (b) Date of occurrence Oct 7 1941 6 A.M.
 (c) Where did injury occur? Cross Roads, Douglas Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)

While at work? (c) Means of injury 3

23. Signature E. H. Plunkinghead (M.B. or other) Coroner
 Address Ava, Mo. Date signed 10-11-41

OCT 24 1941

NOV 24 1941

FEB 4 1955

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 Denise Roller

Licensed Embalmer No. 4006

P. O. Address Ans, 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.