

JAN 10 1941

Registration District No. 614

Primary Registration District No. 5816

Registrar's No. 26

1. PLACE OF DEATH:

(a) County NEWTON  
(b) City or town RURAL Newton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: NEAR A ROMA  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 78 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Rural 13  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1/2 mi. S. of Roma Mo. 0  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5<sup>th</sup>  
year 1941 hour 5:50 minute 2 A.M.  
21. I hereby certify that I attended the deceased from Dec 1  
1941 to Dec 5 1941;  
that I last saw him alive on Dec 5 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Haemorrhage Duration 4 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 93a!

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

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) (e) Means of injury \_\_\_\_\_

23. Signature DEROLEUS (M. D. or other) 0  
Address Granby Mo. Date signed 12-5-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME JOHN WILLIAM CLARK

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased SEPTEMBER 30 1855  
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name UNKNOWN CLARK

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

14. Maiden name UNKNOWN

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

16. (a) Informant Silas Black

(b) Address Granby Mo.

17. (a) Burial (b) Date thereof 12-7-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granby Missouri

18. (a) Signature of funeral director Leahy & Thompson

(b) Address Newton Missouri

19. (a) 12-5-41 (b) DEROLEUS  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6,

District File Number 14-2-73

Date Filed JAN 8 1942

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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 Andrew Forbis

Licensed Embalmer No. 2649

P. O. Address Neosho, 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.**