

FILED FEB 12 1942

Registration District No. **383** Primary Registration District No. **2226** Registrar's No. _____

1. PLACE OF DEATH:
(a) County Haskell
(b) City or town Mountain View Mo.
(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 _____ (Specify whether)
In this community 1 year. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Haskell
(c) City or town Mountain View Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James A. Clark.
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 3 year 1942 hour 2 minute P. M.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased Feb 18 - 1922
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years 9 Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace Abilene Kans!
(City, town, or county) (State or foreign country)

Immediate cause of death Heart defect
Due to Falling through ice
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation _____
11. Industry or business _____
12. Name Chester J. Clark
13. Birthplace Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Mrs. Clark
15. Birthplace Kansas!
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Chester J. Clark
(b) Address Mtn View Mo
17. (a) Rural (b) Date thereof Feb 6 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chapel Hill
18. (a) Signature of funeral director John F. Amman
(b) Address Mtn View Mo.
19. (a) Feb 9 1942 (b) Ruth Hunt
(Date received local registrar) (Registrar's signature)

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 John F. Amman James A. Clark
Address Mtn View Mo Feb 3 - 42

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

04 78
-13-8-
-13-8-
-13-8-

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2402

Registration District No. 383

Primary Registration District No. 4226

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Mountain View
(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 _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME James A Clark

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Mar 18 1880
(Month) (Day) (Year)

8. AGE: Years 9 Months _____ Days _____ (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day _____ Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Choking following falling through ice
Due to _____ accidental

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

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident. 046
(b) Date of occurrence Feb 3, 1942
(c) Where did injury occur? On farm near home (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 _____
Signature John J. Mean (Date) Feb 3-42
Address _____ Date _____

SUPPLEMENTARY

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

