

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7573

Do not use this space.

1. PLACE OF DEATH

(a) County Ralls, Registration District No. 727
(b) Township Saltriver, Primary Registration District No. 59 59 Registered No. 11 07 St.
(c) City 1 (d) Street No. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Crench Clark,
(a) Residence, No. Perry, Missouri R.F.D. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed. 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louisa Haynes Clark.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January, 25, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 0 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as saw mill, bank, etc. Farm.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls County,
Missouri.

FATHER 13. NAME Tom Clark.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, KY
Kentucky.

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Virginia Clark,
Perry, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE Feb. 22, 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clyde Wilkey,
Perry, Missouri.

20. FILED 2/22 #2 Mrs. Carl Reuker
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1942

22. I HEREBY CERTIFY, That I viewed & signed
body - Feb. 20, 1942. _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis -

Other contributory causes of importance: 94a

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify _____

(Signed) H. Caldwell

(Address) New London - Neb.

RECEIVED

District Health Officer No. 10

District File Number 10-42-416

Date Filed MAR 11 1942

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,

Clyde W. Willey

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Clyde W. Willey

Licensed Embalmer No. 3820

P. O. Address Perry, Ind.

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, above space should be left blank.