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FILED JUN 4 1942

State File No. 18677

Registrar's No. 195

Registration District No. 668

Primary Registration District No. 2032

2. USUAL RESIDENCE OF DECEASED:

(a) County..... Peru
(b) City or town..... Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2188 Boonville City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... 4 yrs
years, months or days)

(a) State MO (b) County Valley
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 218 E. Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT
FULL NAME

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 —
year 1942 hour 11 40 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 15
May, 1942 to May 18, 1942
that I last saw him alive on May 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis
Due to: arterio sclerosis

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) _____

(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)

While at work? _____ (c) Means of injury _____

23. Signature [Signature] : (M. D. or other) _____

Address Asheville Date signed 5/19

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nancy Barb 6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased Feb (Month) 21 (Day) 1861 (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	2	28	hr. min.

9. Birthplace Merced Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business.....

12. Name David Walter Gark

FAT { 13. Birthplace Mineer Neom.
(City, town, or county) (State or foreign country)

14. Maiden name Susan Hamilton
15. Birthplace Missouri Mo

16. (a) Informant Mrs. Felma Barnes

(b) Address Seclalia Mo.

17. (a) Usual (b) Date thereof 3-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mt. Pleasant

18. (a) Signature of funeral director. M. E. Laughlin

(b) Address Seaboard

19. (a) 5/19/42 (b) Mrs. Anne Berger

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 6-10-42

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.....

working under my personal supervision.

....., Registered Apprentice No.
Signed J. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.