

FILED JUL 13 1942

State File No.

Registration District No. 560

Primary Registration District No. 5508

Registrar's No. 2

43  
0  
6

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

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town Hermitage, Mo  
(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 Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory 43

(c) City or town Hermitage, Mo 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Merle Clark

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1942 hour 11 minute 11:00 M.

21. I hereby certify that I attended the deceased from 1 day before dead, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race wh 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased March 5, 1928  
(Month) (Day) (Year)

Immediate cause of death Accident gun shot wound over heart

8. AGE: Years Months Days If less than one day

14 3 11 hr. min.

Due to Placing gun in car.

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

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

10. Usual occupation \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

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

12. Name J. Wesley Clark

13. Birthplace Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Blount

15. Birthplace Mo 0  
(City, town, or county) (State or foreign country)

Major findings: Of operations 18 1/2

Of autopsy no 2 1/2

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant JW Clark  
(b) Address Hermitage, Mo

17. (a) Rural (b) Date thereof June 18 - 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermitage Cem

18. (a) Signature of funeral director JR Luckey  
(b) Address Whiteland, Mo

19. (a) June 22 1942 (b) Mary K. Carlstrom  
(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) Accident suicide

(b) Date of occurrence June 16 - 42

(c) Where did injury occur? Hermitage Hickory Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
At home

While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J Medwards (M. D. or other) \_\_\_\_\_  
Address June 16 1942 Mo Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 71

District File Number 7-42-728

Date Filed 7-9-42

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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

*J. R. Key*

Licensed Embalmer No. 2842

P. O. Address Wheatland W. Va.

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.