

FILE JUL 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

Registration District No. 448

Primary Registration District No. 5608

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Phillipsburg mo. (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME JOHN H. CLARK

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

4. Sex male 5. Color or race white
6. (a) Name of husband or wife Addie Clark 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 10 1869
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
<u>72</u>	<u>7</u>	<u>22</u>		

9. Birthplace Woodstock Ontario Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Clark
13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)
14. Maiden name Jane Orr
15. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Therle Clark
(b) Address Phillipsburg mo.

17. (a) Burial (b) Date thereof July 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cemetery Conway mo.

18. (a) Signature of funeral director W.E. Holman
(b) Address Lebanon, mo.

19. (a) July - 7-42 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1942 hour 3 minute 30 a.m.

21. I hereby certify that I attended the deceased from 5-28-1942 to 7-2-1942
that I last saw him alive on 7-1-1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Edema of lungs
Due to hemorrhage of brain
(apoplexy)
Due to + Arterial sclerosis
Other conditions _____
(include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____ (e) Means of injury _____

23. Signature J.W. Tuesday (M. D. or other) M.D.
Address Conway Date signed 7-4-42

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

3000

21562

1090

RECEIVED

Laclede County Health Unit
District Health Officer No. _____

District File Number 7-42-111

Date Filed 7-14-42

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

Signed Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon 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.