

No. 2
-1-4-41
5-17-39
1 X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21922

FILED JUL 25 1942
Registration District No. 632

Primary Registration District No. 5834

Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Thayer Rural
(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 60 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Oregon 75
(c) City or town Thayer - Rural (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 _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 11
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Dec 1st
1942 to Jan 11 1942
that I last saw him alive on 1-11-42 at 6:10 - PM and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Margaret Ann Martin
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Nov - 26 1866
(Month) (Day) (Year)

Immediate cause of death Arteriosclerotic
hypertension
Senility
Due to _____
Due to _____

8. AGE: Years 81 Months 1 Days 15 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 133a
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Ky - 1 (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business _____
12. Name Wm M. O. Clark
13. Birthplace Tenn 1 (City, town, or county) (State or foreign country)
14. Maiden name Stall
15. Birthplace Ky - 1 (City, town, or county) (State or foreign country)

16. (a) Informant Hester M. O. Clark
(b) Address Thayer Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Thayer
18. (a) Signature of funeral director Rob Carr
(b) Address Thayer
19. (a) 2-9-42 (Date received local registrar) (b) Joe D. Williams (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 D. W. Cooper (M. D. or other) M. D.
Address Thayer Mo Date signed Jan 11 1942

1112 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 542372

Date Filed 7-24-42

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.....

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.