

FILED OCT 10 1942

Registration District No. 224

Primary Registration District No. 30-46-5-796

Registrar's No. 49

68
0
0

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

1. PLACE OF DEATH:

(a) County Moniteau, COM

(b) City or town McGirk, MO. Walker, MO.

(c) Name of hospital or institution: McGirk, Mo. / Home

(d) Length of stay: In hospital or institution 6 MO

In this community 6 MO

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town McGirk, MO.

(d) Street No. McGirk, MO.

(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME Isaac W. Clark

3. (b) If veteran. No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18 year 1942 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept. 18 to Sept. 18 1942

that I last saw him alive on Sept. 18 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emely Clark

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 3 1870

Immediate cause of death Coronary Thrombosis

Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>15</u>	hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 940

9. Birthplace Missouri

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name Robert Clark

13. Birthplace Ill

14. Maiden name Elieth Heather

15. Birthplace Ill

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Eula Snodgrass

(b) Address McGirk Mo.

17. (a) Burial (b) Date thereof Sept. 20. 42

(c) Place: burial or cremation McGirk Cent

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, MO

19. (a) Sept 20 (b) H. J. Allen

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 H. J. Davison (M. D. or other) MD

Address California Date signed 9/29/42

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 Earl R. Boulin
Licensed Embalmer No. 2126
P. O. Address California, 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.