

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 13 1942

Registration District No. 323

Primary Registration District No. 6090

Registrar's No. 11

97
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Mt Leonard, Mo.
(If outside city or town limits, write "RURAL" and name of township)
Mt Leonard, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 56 years (Specify whether years, months or days)
In this community 56 years

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Richard Clark

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male 5. Color or Black

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 8-3-1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Malta Bend Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business —

12. Name William Clark

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

14. Maiden name Sadie Davis

15. Birthplace Malta Bend Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm Stephenson

(b) Address —

17. (a) Burial (b) Date thereof 9/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malta Bend

18. (a) Signature of funeral director H. B. Mowbray

(b) Address 1890 E-18-Street

19. (a) 9/28-42 (b) Mrs. Dora Hoffmann
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27 year 1942 hour 10 minute 4 M.

21. I hereby certify that I attended the deceased from Aug 1937 to Sept 27 1942
that I last saw him alive on Sept 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins Disease Duration 3 yrs

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 44 lb

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Paul Lowell (M. D. or other)

Address Bluebonnet Dr Date signed 9-28-42

HP

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-9-42

JUN 19 1950

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 _____

H. B. Moore

Registered Apprentice No. _____

working under my personal supervision.

Signed *H. B. Moore*

Licensed Embalmer No. *2410*

P. O. Address *K.C. 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.