

FILED DEC 21 1942

Registration District No. 277 Primary Registration District No. 4366 5839 Registrar's No. 49

1. PLACE OF DEATH:

(a) County NEWTON  
(b) City or town RURAL GRANBY TWP.  
(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 NEWTON  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. GRANBY TWP  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME HARRY CLARK

3. (b) If veteran, name war WORLD WAR #1. 3. (c) Social Security No. 494-18-6798

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ETHELYN CLARK 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased MARCH 14 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 8 19 hr. min.

9. Birthplace NEWTON COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name John William CLARK

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

14. Maiden name MARY M. C. Logan

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

16. (a) Informant Ethelyn Clark

(b) Address Granby R # 2 Mo

17. (a) Burial (b) Date thereof 12-8-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granby Missouri

18. (a) Signature of funeral director Walter Thompson

(b) Address Neosho Mo.

19. (a) Dec 8 42 (b) Wm. J. Ferguson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 3rd  
year 1942 hour 12:30 minute 0 P.M.

21. I hereby certify that I attended the deceased from Sept 29, 1942, to Nov 28, 1942,  
that I last saw him alive on Nov 28, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Disease of the Coronary Arteries  
Associated with Bronchial Asthma

Duration  
3 Mo  
1 yr.

Due to.....  
Other conditions..... 94a  
(Include pregnancy within 3 months of death)

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 Charles O. Chester (M.D. or other) DD  
Address Granby, Mo. Date signed 12/7/42

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

73  
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RECEIVED

District Health Officer No. 6,

District File Number 1242-1771

Date Filed DEC 17 1942

STAT & T NAT

FEB 1 1945

STATEMENT BY LICENSED EMBALMER

DEC 22 1942

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Noah H. Johnson, Registered Apprentice No. 340  
working under my personal supervision.

Signed Casey Thompson  
Licensed Embalmer No. 3259

P. O. Address Neola 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.