V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 23 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9586

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 231

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 515 E. Colorado (Home) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years (Specify whether

In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 515 E. Colorado (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Hugh M. Clark

3. (b) If veteran, name war World # 1

3. (c) Social Security No. 495-0977-09

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Opal

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July 12, 1897 (Month) (Day) (Year)

8. AGE: Years 45 | Months 7 | Days 8 | If less than one day ___ hr. ___ min.

9. Birthplace St. Joseph (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Flagman

11. Industry or business C.B. & Q. R.R.

FATHER
12. Name Ovid Clark
13. Birthplace St. Joseph, Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mary McCoy
15. Birthplace Halls, Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Opal Clark (Wife)

(b) Address 515 E. Colorado, St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director John E. Rupp

(b) Address 6054 Pryor Ave., City St Joseph Mo

19. (a) 2-21-43 (Date received local registrar) (b) Rose Hergog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20th year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Feb 20, 1943 to ___, 19___; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to Angina Pectoris — 3 days

Due to Man died suddenly in his home following several attacks of pains in his chest with acute indigestion. Man has a history of no Chronic gastric ulcers.

Other conditions (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) 94a

(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 H F Mundy (M. D. or other) 2/20/43

Address 404 So 3d St Coronary Date of Sig.

1233 (Licensed Embalmer's Statement on Reverse Side)

MAR 24 1943

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.