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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 5 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 831

1. PLACE OF DEATH Buchanan

(a) County St. Joseph

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

(c) Name of hospital or institution:
501 1/2 Ayrlawn Addition
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 11

(a) State Missouri (b) County Buchanan 1

(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 501 1/2 Ayrlawn Addition
(If rural, give location)
no

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Clark

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased December 11 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>7</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - retired

11. Industry or business _____

MOTHER FATHER {

12. Name Morgan Clark

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant MRS Mabel Barger
(b) Address 2407 South 7th St. St Joseph

17. (a) Burial (b) Date thereof 7-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lower

18. (a) Signature of funeral director Tracy Barry Funeral Home
(b) Address 218 So 10th, St. Joseph, Mo.

19. (a) 7-22-43 (b) Rose Heagy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th
year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased on
July 20 1943,
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke 1 day
Senility and the hot weather

Due to _____
Due to _____ 1911

Other conditions (Include pregnancy within 3 months of death)
Man was found dead near his home where he had been mowing weeds

Major findings: No; He had not been complaining of any illness

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 131

(a) Accident, suicide, or homicide (specify) _____

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?
Home

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature H. F. Mundy, Coroner
Address 404 2034 St Date signed 7/2

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

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

Don Clark

Licensed Embalmer No. *4216*

P. O. Address *St Joseph*

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.