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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24871

State File No.

FILED AUG 7 1943

Registration District No. 716

Primary Registration District No. 4187

Registrar's No.

36  
5  
0

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Union  
(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 more than 50 yrs (Yes or No)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Union  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louis A. Clark

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

4. Sex Male 5. Color or Race Dark Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Clark 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased April 15, 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>2</u>	<u>2</u>	hr. _____ min.

9. Birthplace Jefferson County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Labor

11. Industry or business \_\_\_\_\_

MOTHER, FATHER {

12. Name Dave D. Clark

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

14. Maiden name Jane Frances

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

16. (a) Informant Mrs. Olla B. Perkins

(b) Address St. Louis, Missouri

17. (a) Burial (b) Date thereof 7-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Missouri

18. (a) Signature of funeral director Wm. H. Horn

(b) Address Union, Mo.

19. (a) 7/21/43 (b) Wm. H. Horn  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1943 hour 10:30 a.m. Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 15, 1942 to July 17, 1943  
that I last saw him alive on July 16, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerotic heart disease

Due to \_\_\_\_\_ Duration 5 yrs

Due to \_\_\_\_\_

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) \_\_\_\_\_

(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) (Means of injury) \_\_\_\_\_

23. Signature B. H. Suckman (M. D. or other) MD.

Address Union, Mo. Date signed 7-20-43

1119

(Licensed Embalmer's Statement on Reverse Side)

**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..... *W. H. Horn*  
Licensed Embalmer No. *3175*  
P. O. Address..... *Union, 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.**