V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25804

FILED AUG 7 1943

Registration District No. 284 | Primary Registration District No. 5975 | Registrar's No. 6

84
0
9

1. PLACE OF DEATH:

(a) County: Polk

(b) City or town: Rural — McKinley twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DEACESED: 84

(a) State: Missouri (b) County: Polk

(c) City or town: Rural — twp.
(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: Ernest C Clark

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: male

5. Color or race: White

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

6. (b) Name of husband or wife: Sarah Clark

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: May (Month) 12 (Day) 1865 (Year)

8. AGE: Years 78 | Months 4 | Days 25 | If less than one day: ..... hr. ..... min.

9. Birthplace: Illinois (City, town, or county) / (State or foreign country)

10. Usual occupation: farmer

11. Industry or business: .....

FATHER
12. Name: Samuel Clark
13. Birthplace: Ohio (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name: Jane Wilfong
15. Birthplace: Ohio (City, town, or county) / (State or foreign country)

16. (a) Informant: Clara Neuland
(b) Address: Halfway, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Gilead

18. (a) Signature of funeral director: Hutchison & Co.
(b) Address: Bolivar, Mo.

19. (a) 7/15/43 (Date received local registrar) (b) Martha Rush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1943 hour 12:45 minute P M.

21. I hereby certify that I attended the deceased from 1937, 19.. to July 7, 1943 that I last saw him alive on July 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis. — Duration

Due to: Arteriosclerosis and — Duration

Due to: Chronic Interstitial Nephritis — Duration

Other conditions (Include pregnancy within 3 months of death) — Duration

Major findings:
Of operations: 3/a
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: W. H. Lindsey (Title, M.D. or other)
Address: Bolivar, Mo. Date signed 7-10-43

1197 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-43-716
Date Filed 8-4-43

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. S B Hutchins

Licensed Embalmer No. 1331

P. O. Address. Bolivar, 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.