

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28908**

ED SEP 13 1943

Registration District No. **17**

Primary Registration District No. **3048**

Registrar's No. **128**

1. PLACE OF DEATH:

(a) County **Nodaway**  
(b) City or town **Maryville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Francis hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution, write street number or location  
**2 weeks** (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**  
(c) City or town **Burlington Junction**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
**no**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Frederick Orville Clark**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **424-18-6283**

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **December 26 1894**  
(Month) (Day) (Year)

8. AGE: Years **48** Months **7** Days **21** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Farm hand**

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

MOTHER FATHER { 12. Name **Calvin G. Clark**  
13. Birthplace **unknown Ill**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Petra Stevens**  
15. Birthplace **unknown Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Calvin G. Clark**  
(b) Address **Burlington Junction Mo**  
**burial** (b) Date thereof **8-15-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ohio cemetery**

18. (a) Signature of funeral director **Price Funeral Home**  
(b) Address **Maryville Mo**

19. (a) **8-19-43** (b) **Ann Barber**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **14**  
year **1943** hour **7** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **9/1/43**  
to **7/13/43**  
that I last saw him alive on **7/13/43**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Cerebral hemorrhage of terminal  
Siphylis /  
Chronic Pyelonephritis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **309**

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 **B. G. Taylor** (M. D. or other) **MD**  
Address **Maryville Mo** Date signed **8/15/43**

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..... *J. M. L. Lee* .....

Licensed Embalmer No. *2539* .....

P. O. Address *Maryville 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.**