

S. No. 2  
M-243  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34560

State File No. ....

Registrar's No. 147

ED OCT 20 1943

Primary Registration District No. 5373

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

1. PLACE OF DEATH:

(a) County DeKalb.

(b) City or town Amity—Mo. R.R. Camden, Ill.  
(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.....  
In this community All of life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb. 32

(c) City or town Amity Mo. R.R.  
(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 Albert James Clark.

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Male. 5. Color or Race Cau.

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

6. (b) Name of husband or wife Bertha May.

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

7. Birth date of deceased July 14, 1871.  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18.  
year 1943 hour 10 minute..... P.M.

21. I hereby certify that I attended the deceased from June 3rd  
1943 to Sept 18 1943  
that I last saw him alive on Sept 18 1943  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
72	2	4.	hr. min.

Immediate cause of death.....  
Carcinoma of liver stomach, large colon

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

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9. Birthplace Gentry Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business.....

12. Name Jackson Daniel Clark.

13. Birthplace Buchanan Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Nannie Ferguson.

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

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Herman L. Clark.  
(b) Address 2921. Highland Ave. Kansas

17. (a) Burial. (b) Date thereof 9 20, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City Cemetery.

18. (a) Signature of funeral director W.S. Pappert.  
(b) Address King City Mo.

19. (a) 9-26-43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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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?.....

(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature [Signature] (M. D. or other)  
Address King City, Mo Date signed 11/19/43

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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.....



Licensed Embalmer No. 2563.

P. O. Address King City 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.