

Registration District No. 258

Primary Registration District No. 5877

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Alton Piney Twsp.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 075
(c) City or town Alton (Rural)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) U

3. (a) PRINT FULL NAME Unnamed son of Mr. and Mrs. Lee Clark

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 20 1943 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 7 hr. min.

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

10. Usual occupation Infant

11. Industry or business

12. Name Lee Clark
13. Birthplace Oregon County Missouri (City, town, or county) (State or foreign country)
14. Maiden name Clara Bradley
15. Birthplace Oregon County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Lee Clark (b) Address Alton, Mo.

17. (a) 9/27/43 (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Norman Cem.

18. (a) Signature of funeral director None (b) Address

19. (a) 10/15 1943 (b) Thimothy K. Velizian (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1943 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased At Birth
that I last saw him alive on September 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Spina Bifida

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration
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: [Signature] (M.D. or other)
Address: Alton Mo. Date signed: 10/15/43

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

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1113

Forest

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.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Nov
Registrar's No. 79

Registration District No. 205 Primary Registration District No. 5877

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

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Clatsop Rural Pines, Ore
(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

In this community..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clark

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

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

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

7. Birth date of deceased Sept 20 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept 1943 year, 7 hour, 15 minute M.

21. I hereby certify that I attended the deceased from....., 19.....; that I last saw him/her alive on....., 19.....; and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

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) (c) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

SUPPLEMENTARY

35420