No. 2
—5-42
5-17-39
I X32673

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. 7625

FILED MAR 13 1944

Registration District No. 1944 Primary Registration District No. 5660 Registrar's No. 30

56
0
0

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Rural, Dickerson Township
(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 years, months or days) 47 Years

2. USUAL RESIDENCE OF DECEASED: 56

(a) State Missouri (b) County Lewis 0

(c) City or town Rural, Dickerson Township 0
(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 none 0

3. (a) PRINT FULL NAME George Marion Clark

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

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

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Deliah Jane Clark

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

7. Birth date of deceased May 24th (Month) 1859 (Day) (Year)

8. AGE: Years 84 Months 8 Days 19 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Clark
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Amanda Comstock
15. Birthplace (City, town, or county) Wisconsin. (State or foreign country)

16. (a) Informant H S Clark
(b) Address Ewing Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/17/44. (Month) (Day) (Year)
(c) Place: burial or cremation Webster Cemetery, Ill.

18. (a) Signature of funeral director H A Roberts
(b) Address La Grange, Missouri.

19. (a) 2/15/44 (Date received local registrar) (b) P.W. Jennings M.D. (Registrar's signature)

987

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 31, 1944 to Feb. 13, 1944
that I last saw him alive on Feb. 13, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death aortic regurgitation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

92a

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) none

(b) Date of occurrence none

(c) Where did injury occur? none (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? no (e) Means of injury no

23. Signature [illegible] Lahl D.O. (M. D. or other)

Address Ewing Mo Date signed 2-15-44

(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

A.A.Roberts, Registered Apprentice No.

working under my personal supervision.

Signed A.A.Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange,Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.