. S. No. 2
0M—8-43
v. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1944

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30493

Primary Registration District No. 1800

Registrar's No. 908

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Heaton BeGole & Bowman Ambulance
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1208½ South 10th 7
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country n

3. (a) PRINT FULL NAME SHERMAN T. CLARK

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex 0 male

5. Color or race white

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

6. (b) Name of husband or wife Vernita Clark

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

7. Birth date of deceased July (Month) 29 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	0	18	hr. min.

9. Birthplace unknown (City, town, or county) 1 Ohio (State or foreign country)

10. Usual occupation retired carpenter

11. Industry or business Union Pacific Railroad

FATHER
12. Name George Clark
13. Birthplace unknown (City, town, or county) 1 Ohio (State or foreign country)

MOTHER
14. Maiden name Mary Gearhart
15. Birthplace unknown (City, town, or county) 1 Ohio (State or foreign country)

16. (a) Informant Miss Edith M. Clark
(b) Address 1208½ South 10th

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/ 19/44 (Month) (Day) (Year)
(c) Place: burial or cremation Betheny, Mo.

18. (a) Signature of funeral director Heaton BeGole & Bowman
(b) Address 319 South 10th

19. (a) 9/19/44 (Date received local registrar) (b) Helen I Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17
year 1944 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Sept 20, 1943, to Sept 17, 1944
that I last saw him alive on Sept 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency — Duration 1 year

Due to Cause unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)

92b

Major findings:
Of operations no operation
Of autopsy no 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) no
(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 S. E. Meliney (M. D. or other) M.D.
Address 401 Ballinger Bld. Date signed Sept 1844

1377

(Licensed Embalmer's Statement on Reverse Side)

Dr. S. E. Meluney
Bullinger Bldg.

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 Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.