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DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34311

State File No. [illegible]

FILED NOV 13 1944

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: Reid Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours (Specify whether
In this community all His Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison 41

(c) City or town Bethany Mo. 1
(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 0

3. (a) PRINT FULL NAME Benjamin Franklin Clark

3. (b) If veteran, name war

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race white ✓

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 6. (Month) 1 (Day) - 1879 (Year)

8. AGE: Years 65 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Bethany (Rural) (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business retired Merchant

FATHER
12. Name Wm P Clark 1
13. Birthplace Hancock Co. (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Sarah E. Smith
15. Birthplace Harrison Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Nancy Walker
(b) Address Bethany Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Country

18. (a) Signature of funeral director S. M. Haas
(b) Address Bethany Mo.

19. (a) 10/23-44 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 12
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from Oct 10, 1944, to Oct 12, 1944
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia

Due to

Due to 73a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature D. G. Reid (M. D. or other) DO

Address Bethany Date signed 10-23-44

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(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed S M Haas

Licensed Embalmer No. 1078

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.