

FILED NOV 14 1944
Registration District No. 357

Primary Registration District No. 6223

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural - Virgil 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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Vernon 108
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. VIRGIL TOWNSHIP
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS L CLARK

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elija Jones Clark 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased June 20 - 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elija J. Clark
(b) Address Rt. 1, Wild, Mo.

17. (a) Rural (b) Date thereof 11-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Virgil City

18. (a) Signature of funeral director Benjamin Sides
(b) Address El Dorado Springs, Mo.
19. (a) Nov. 5-44 (b) B. T. Myall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
year 1944 hour 5 minute 0 M.
21. I hereby certify that I attended the deceased from Nov. 1st, 1944 to Nov 2, 1944
that I last saw him alive on Nov. 1, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Due to _____
Due to 107
Other conditions (Include pregnancy within 3 months of death) _____

Duration

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) (e) Means of injury _____
23. Signature Ch. Sunderwirth (M. D. or other) D.O.
Address El Dorado Springs Date signed 11-3-44

RECEIVED
Officer No. 7,
Licenses No. 44-1292
Date filed 11-13-44

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 OP Sanders

Licensed Embalmer No. 3250

P. O. Address Edwardsburg, Ind.

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.