

FILED DEC 23 1944

Registration District No. **27**

Primary Registration District No. **6070**

Registrar's No. **237**

1. PLACE OF DEATH:

(a) County **St. Francois, Co.**
(b) City or town **Knob Lick, MO.**
(c) Name of hospital or institution:
Harry, William, Clark.
(d) Length of stay: In hospital or institution **1**
In this community **1**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Francois**
(c) City or town **Knob Lick.**
(d) Street No. **No.**
(e) Citizen of foreign country? **No.**
If yes, name country **No.**

3. (a) PRINT FULL NAME **Harry, William, Clark.**

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

4. Sex **M.** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Anna, Kirk.** 6. (c) Age of husband or wife if alive **18** years
7. Birth date of deceased **Oct. 18 1878**
(Month) (Day) (Year)

8. AGE: Years **66** Months **1** Days **24** If less than one day **hr. min.**

9. Birthplace **Chicago, Ill.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer,**

11. Industry or business

12. Name **William, Clark,**
13. Birthplace **Unknown.**
14. Maiden name **Unknown.**
15. Birthplace **Unknown.**

16. (a) Informant **Julia, E. Turpin,**
(b) Address **Knob Lick, Mo.**
17. (a) **Burial.** (b) Date thereof **Dec. 11 / 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Knob Lick, Mo.**
18. (a) Signature of funeral director **Cozean, C.H.**
(b) Address **Farmington, Mo.**
19. (a) **12-12-44** (b) **James Adams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **10** year **1944** hour **8** minute **A.M.**

21. I hereby certify that I attended the deceased from **Jan 7 1942** to **Dec 7 1944** that I last saw him alive on **Dec 7 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Cirrhosis of Liver 4 yrs**

Due to **124 hr**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **no** Of autopsy **no**

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) **no**
(b) Date of occurrence **no**
(c) Where did injury occur? **no**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**
While at work? **no** (Specify type of place) (e) Means of injury **no**
23. Signature **W.E. Branson** (M. D. or other) **no**
Address **Farmington, Mo.** Date signed **12/11/44**

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

RECEIVED

Health Officer No. 4

File Number 1244-469

Date Recd. 12-20-44

JAN 10 1945

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. 4084

P. O. Address. Jarnette Moore

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.