

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 13 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 52

1. PLACE OF DEATH

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether)
In this community 53 yrs
(years, months or days)

3. (a) PRINT FULL NAME Charles Benjamin Clark

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Gladie Spears 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Feb 1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 19 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Egna E. Clark
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Goodman
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Gladie Clark

(b) Address Appleton City, Mo

17. (a) Buried (b) Date thereof Feb 21 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City, Mo

18. (a) Signature of funeral director Frank E. Lee

(b) Address Appleton City, Mo

19. (a) February 28, 1945 (b) Irving Kitchen, Deputy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1945 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2-14, 1945, to 2-25, 1945;
that I last saw him alive on 2-25, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 12 d.
Due to Following Influenza 7 d.

Due to _____
Other conditions Bacteremia
(Include pregnancy within 3 months of death)
Final congestive and anuria

Major findings: _____
Of operations _____
Of autopsy 338

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) (c) Means of Injury _____
23. Signature T. H. J. Angles, Jr. (M. D. or other) M.D.
Address Appleton City, Mo Date signed 2-25-45

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

RECEIVED

Officer No. 7

Date Filed

2-13-13
3-9-45

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 Mc

on the 25th day of Feb. 1945, Registered Apprentice No. _____
working under my personal supervision.

Signed

Frank Lee

Licensed Embalmer No.

1099

P. O. Address

Appleton City, 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.