S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12684

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 54

1. PLACE OF DEATH:
(a) County Andrain Co.
(b) City or town Mexico Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Andrain Co. Hosp. O
(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 Mo. (b) County Andrain Co.
(c) City or town Mexico Mo.
(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 O

3. (a) PRINT FULL NAME LEONARD MARVIN CLARK
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) - 24 (Day) - 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	4	6	hr. min.

9. Birthplace Andrain Co. (City, town, or county) Mo. (State or foreign country) O
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name William Clark
13. Birthplace X (City, town, or county) X (State or foreign country) 9
MOTHER
14. Maiden name Asmath Wilkerson
15. Birthplace X (City, town, or county) X (State or foreign country) 9
16. (a) Informant Robert Clark
(b) Address Mexico Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mexico Mo.
18. (a) Signature of funeral director Mathews Bros.
(b) Address Mexico Mo.
19. (a) 4/1/45 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1945 hour 1:35 minute P M.
21. I hereby certify that I attended the deceased from June 11, 1944, to March 29th, 1945 that I last saw him alive on March 29, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malignant tumor right kidney probably Hypernephroma	6-11-44
Due to: meet Metastasis to lungs Mesenteric effusion right side & chest	3-20-45
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy — 56	

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 Harry F. O'Brien (M. D. or ~~other~~)
Address Mexico Mo. Date signed 4-5-45

1874

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-45-585
Date Filed APR 13 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 J. E. McPherson

Licensed Embalmer No. 1132

P. O. Address Mexico 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.