

No. 2  
A-2-43  
5-17-39  
X35627

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 10 1945

Registration District No. 12

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4134

State File No. 13151

Registrar's No. 26

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town SMITHVILLE, MO.

(c) Name of hospital or institution: Home

(If not in hospital or institution, write street number or location) /

(d) Length of stay: In hospital or institution 3 MONTHS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County DEKALB 32

(c) City or town MAYSVILLE 2

(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) /

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY FRANKLIN CLARK

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1945 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 16 1945 to April 22 1945; that I last saw him alive on April 20 1945; and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

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

(b) Name of husband or wife SYLVIA CAIN CLARK

(c) Age of husband or wife if alive 49 years

7. Birth date of deceased: SEPT. 17, 1875

(Month) (Day) (Year)

Immediate cause of death Hypostatic pneumonia

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

69 7 5 hr. \_\_\_\_\_ min.

Due to Cerebral Hemorrhage

Due to Hyper Extension

9. Birthplace RAY COUNTY MO. 1

(City, town, or county) (State or foreign country)

10. Usual occupation PAINTER & PAPER HANGER

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 830

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name J.M. CLARK

13. Birthplace UNKNOWN 4

(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace 4

(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant EVA MAE HECKENLIVELY

(b) Address SMITHVILLE, MO.

17. (a) BURIAL (b) Date of removal 4/24/45

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GOSS CEM. CLAY COUNTY, MO.

(Specify type of place) \_\_\_\_\_

(a) Means of injury 2

23. Signature R.E. Byraker (M. D. or other) 11

Address Platte City, Mo. Date signed 4/23/45

18. (a) Signature of funeral director Me Comas Funeral Home

(b) Address Smithville, Mo.

19. (a) Apr 24 1945 (b) Rich W Henry

(Date received local registrar) (Registrar's signature)

1021

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5/9/42

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. A. McComas,  
Licensed Embalmer No. 2303  
P. O. Address Smithville, 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.