

FILED AUG 20 1945

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 840

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph's Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Over 40 years (Specify whether)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11  
(c) City or town St. Joseph, Missouri, 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 225 E. Poulaine 7  
(If rural, give location)  
(e) Citizen of foreign country? unk, 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Vincent Chark

3. (b) If veteran, name war No - 3. (c) Social Security No. 5107 491-10 000

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Separated  
6. (b) Name of husband or wife Eddie Clark 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased April 1st 1872  
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Had carrier

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

MOTHER FATHER

12. Name Jack Clark  
13. Birthplace unkn (City, town, or county) 9 (State or foreign country)  
14. Maiden name unkn  
15. Birthplace unkn (City, town, or county) 0 (State or foreign country)

16. (a) Informant Jasper Clark 1

(b) Address 901 No. 2nd St. Joseph, Mo.

17. (a) B. (b) Date thereof 8-3-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Beulah May

(b) Address 819 Pacific

19. (a) 8-3-45 (b) Shelton J. Crable  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day first  
year 1945 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from July 30  
19 45 August 1st 19 45  
that I last saw him alive on July 31st 19 45  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
Intestinal obstruction 3 days  
Cancer of rectum 1 year

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Peritonitis 1 wk.  
(Include pregnancy within 3 months of death)

Major findings: Of operations 4/6

Of autopsy same as above

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 \_\_\_\_\_

(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 W. M. Zuparko, M.D.

Address Social Welfare Board Date signed 8/3/45

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

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 8-1-45

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Earna Clark

Licensed Embalmer No. 4738

P. O. Address St Joseph 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.