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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

27764

FILED AUG 31 1945 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 176

Primary Registration District No. 5159

Registrar's No. ....

1. PLACE OF DEATH.

(a) County Gas Per Lawrence  
(b) City or town Bower Mills  
(c) Name of hospital or institution: Vineyard  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution L  
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lasper  
(c) City or town Bower Mills  
(If outside city or town limits, write "RURAL")  
(d) Street No. L (If rural, give location)  
(e) Citizen of foreign country? L (Yes or No)  
If yes, name country L

3. (a) PRINT FULL NAME Judd Benton Clark

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Belle Clark 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased 7 - 1876  
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Jasper Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Christman

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Clark

(b) Address 26 Russell mo.

17. (a) Burial (b) Date thereof 11-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cave Springs

18. (a) Signature of funeral director Monroe Seaman  
(b) Address Miller mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22  
year 1943 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-1 1943 to 11-22 1943  
that I last saw h. E alive on 11-15- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration

Due to

Due to

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 92K

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature W. B. Burney (M. D. or other)  
Address Miller mo. Date signed 11-22

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

MOTHER FATHER

1534

(Licensed Embalmer's Statement on Reverse Side)

43

51.2  
-M2  
X I

**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 L. R. Leiman  
Licensed Embalmer No. 3297  
P. O. Address Miller 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.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. (4-69)

Primary Registration District No. 15-637

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Boyer Mills, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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

3. (a) PRINT FULL NAME Judd Benton Clark  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Belle 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 7 (Month) (Day) (Year)

8. AGE: Years 67 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Famer

12. Name unk

13. Birthplace \_\_\_\_\_ (City, town or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Betty Christmas

15. Birthplace unk (City, town or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Paul Clark

(b) Address L. Russell \_\_\_\_\_ Mo

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof 11-24-43 (Month) (Day) (Year)

(c) Place: burial or cremation Carl Springs

18. (a) Signature of funeral director Morris Sefra

(b) Address Miller, Mo

19. (a) 9-13-45-1 (Date received local registrar) (b) W. S. Burney (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lawrence  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. RF 8 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death mitral stenosis

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

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

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

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature W. S. Burney (M. D. or other) \_\_\_\_\_

Address Miller, Mo Date signed 11-24-43

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

SUPPLEMENTARY

S-27764