

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37224**  
Registrar's No. **966**

**FILED DEC 12 1945**  
Registration District No. **128**

Primary Registration District No. **5466**

39  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Greene

(b) City or town Rural - Sp. Campbell Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Ozark Osteo. Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 Months  
(Specify whether years, months or days)

In this community 40 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Greene 39

(c) City or town Springfield  
(If outside city or town limits, write "RURAL")

(d) Street No. 903 S. Dollison  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Clarence C. King

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, 2 divorced, Widowed

6. (b) Name of husband or wife UNK.

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Feb. 14, 1864  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>81</u>	<u>9</u>	<u>10</u>	hr. min.

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

10. Usual occupation Retired

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

12. Name William A. King

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

14. Maiden name Elma Pence

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

16. (a) Informant Book - Missouri Biography  
(b) Address Published by American Hist.

17. (a) Burial (b) Date thereof 11/26/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H. H. Lohmeyer  
(b) Address Springfield, Mo.

19. (a) 11-26-45 (b) J. W. Handley  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 24  
year 1945 hour 12 minute 40 a. m.

21. I hereby certify that I attended the deceased from 10-10-45, 1945, to 11-23, 1945  
that I last saw him alive on 11-23, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Fall & broke hips 10-10-45

Due to fatal developed cystitis which required cystotomy

Due to also infirmities of age

Other conditions 1866 27  
(Include pregnancy within 3 months of death)

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

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

Duration \_\_\_\_\_

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) Accident 11-30-45

(b) Days of exposure Oct 10-45

(c) Where did injury occur? Springfield, Greene Co. Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On street about 1/2 blk from his home

While returning from work (Specify time of day)  
No. 6. P. M. (Specify means of injury) Fall

23. Signature J. W. Handley (M.D. or other) DO.  
Address Springfield, Mo. Date signed 11-26-45

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed: *Walter E. Hamblet*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Springfield 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.

X