DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41538

FILED JAN 11 1946

Registration District No. 103

Primary Registration District No. 3031

Registrar's No. 69

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town De Soto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 720 Blow Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town De Soto 2
(If outside city or town limits, write "RURAL")
(d) Street No. 720 Blow St. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Leonard Allen Clark
3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Col.
6. (a) ~~Single, widowed, married~~ divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 28 (Day) 1896 (Year)

8. AGE: Years 49 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace De Soto (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Odd Jobs
11. Industry or business Self
FATHER
12. Name Henry Clark
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Ethel Clark
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant Hattie Duncan
(b) Address St Louis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-45 (Month) (Day) (Year)
(c) Place: burial or cremation De Soto Mo
18. (a) Signature of funeral director J. Lee Mottenhead
(b) Address De Soto, Mo
19. (a) 1/3/46 (Date received local registrar) (b) Marie Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1945 hour 3 minute 55 A.M.

21. I hereby certify that I attended the deceased from Dec 6, 1945 to Dec 29, 1945
that I last saw him alive on Dec 29, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis, Pulmonary	unknown
Due to Hemorrhage, Pulmonary	1 wk
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 13 L

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 2

23. Signature J. P. Ingels (~~M. D.~~ or other) DO
Address De Soto, Mo Date signed 12/31/45

1643

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 1-10-46

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. R. Mothershead

Licensed Embalmer No. 3531

P. O. Address. DeSoto Mi

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.