No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

100767

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3756

Registration District No. 291 Primary Registration District No. 5997 Registrar's No. 91

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town LEMONS Wilson 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 15 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Allison A Clark

3. (b) If veteran, name war No

3. (c) Social Security No 491-24-7587

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LAURA Clark

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

7. Birth date of deceased MAY (Month) 3 (Day) 1873 (Year)

8. AGE: Years 72 Months 7 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace ~~Sullivan~~ OSAGE Co. KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation FARM

11. Industry or business RETIRED FARMER (10 YRS)

FATHER
12. Name JAMES CLARK
13. Birthplace Do Not Know Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name HARRIET Guthrie selected
15. Birthplace Do not Know ~~Kentucky~~
(City, town, or county) (State or foreign country)

16. (a) Informant [illegible]
(b) Address Green City Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12 (Month) 18 (Day) 45 (Year)

(c) Place: burial or cremation PLAINVIEW CEMETERY

18. (a) Signature of funeral director Comstock FUNERAL HOME
(b) Address UNIONVILLE Mo By John H. Comstock

19. (a) 12-31-45 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 16
year 1945 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 15, 1945, to Dec 16, 1945; that I last saw him alive on Dec 16, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremic poisoning	
Due to chronic prostatitis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

1375

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

23. Signature L. W. McDonald (M. D. or other) DO
Address Unionville, Mo. Date signed 12-21-45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-46-129
Date Filed JAN 24 1946

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 John P. Comstock
Licensed Embalmer No. 3891
P. O. Address Chillicothe, 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.