S. No. 2
1—8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1946

Registration District No. 381

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4515

State File No. 4293

Registrar's No.

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Milan
(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 years, months or days)
In this community 28 days

2. USUAL RESIDENCE OF DECEASED: 105
(a) State Mo (b) County Sullivan
(c) City or town Milan
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Chester Bruce 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 Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov (Month) 19 (Day) 1943 (Year)
8. AGE: Years | Months | Days 28 | If less than one day hr. min.
9. Birthplace Milan (City, town, or county) Mo (State or foreign country)
10. Usual occupation —
11. Industry or business —
12. FATHER Name Lon Clark
13. Birthplace Gault (City, town, or county) Mo (State or foreign country)
14. MOTHER Maiden name Sylvia Young
15. Birthplace Milan (City, town, or county) Mo (State or foreign country)
16. (a) Informant Sylvia Young
(b) Address Milan Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood
18. (a) Signature of funeral director [illegible]
(b) Address Milan Mo
19. (a) Jan 5-1946 (Date received local registrar) (b) Mrs. H. B. Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1943 hour 2 minute 30 a M.
21. I hereby certify that I attended the deceased from Nov 29, 1943, to Dec 17, 1943; that I last saw him alive on Nov 29, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Atelectasis	life
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) (e) Means of injury
23. Signature [illegible] (M. D. or D. O.)
Address Milan Date signed 12-17-43

(Licensed Embalmer's Statement on Reverse Side)

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

100913

RECEIVED
District Health Officer No. 10
District File Number 1-46-37
Date Filed JAN 23 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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan, 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.