

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8914
Registrar's No. 18

FILED APR 20 1946

Registration District No. 96 Primary Registration District No. 5356

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Long Lane rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dallas
(c) City or town Long Lane rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN RILEY CLARK
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 19
year 46 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from March 1st to March 19th 1946
that I last saw him alive on March 15 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Cerebral Embolism & hemorrhage Duration 2 wks
Due to Sclerosis of Arteries 20 yrs
Due to usual causes
Smoking, improper diet
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations none 930
Of autopsy none

7. Birth date of deceased May 7 1861
(Month) (Day) (Year)
8. AGE: Years 84 Months 10 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Greene Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation farmer
11. Industry or business _____
12. Name Elmer Clark
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Sarah Clark
15. Birthplace see 1 (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant A J Clark
(b) Address Bois d'Arc
17. (a) Burial (b) Date thereof 3-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty
18. (a) Signature of funeral director L B Jones
(b) Address Buffalo Mo
19. (a) 4-2-1946 (b) John Peter
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) 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 0
23. Signature W. H. ... (M. D. or other) MD
Address Buffalo Mo Date signed 4-1-46

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

RECEIVED
District Health Officer No. 7,
District file number 3-46-362
Date Filed 4-10-44

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 Morris B Jones
Licensed Embalmer No. 4322
P. O. Address Buffalo, 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.