

**FILED** AUG 11 1946

Registration District No. 59

Primary Registration District No. 52.29

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Polk Township, 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 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Austin A. Clark

8. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

7. Birth date of deceased March 19 1872  
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Phellips City, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Andrew J. Clark

12. Name \_\_\_\_\_ 13. Birthplace Springfield Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy James 15. Birthplace Springfield Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred Snow  
(b) Address Pleasant Hill, Missouri

17. (a) Burial (b) Date thereof 7-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield  
(b) Address Pleasant Hill, Missouri.

19. (a) July 20-1946 (b) Laura J. Jones  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass  
(c) City or town Pleasant Hill, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 14, year 1946 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 15, 1946, to July 13, 1946, that I last saw him alive on July 13, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration \_\_\_\_\_

Due to arterio-sclerosis

Due to myocardial infarction

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)

(Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_

23. Signature Herbert J. Zander (M. D. or other) P.O.  
Address Pleasant Hill, Mo. Date signed 7/12/46

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

9  
0  
0

**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.....

*By me 7-14-46*  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Allen Brunner*  
.....

Licensed Embalmer No. *3785*  
.....

P. O. Address *Cleveland Hill*  
.....

**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, above space should be left blank.**