No. 2
—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24584

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 106

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps 81
(c) City or town Rolla 2
(If outside city or town limits, write "RURAL") 2
(d) Street No. 1300 No. Elm St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lawson Clark
3. (b) If veteran, name war
3. (c) Social Security No. 489-16-2411
4. Sex Male
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Orlette Clark
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 3 1890 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	1	9	hr. min.

9. Birthplace Coles Illinois / (City, town, or county) (State or foreign country)
10. Usual occupation Painter-Decorator
11. Industry or business
FATHER
12. Name Samuel Clark
13. Birthplace Seymour Ind / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Chambers
15. Birthplace Ind / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Orlette Clark
(b) Address 1300 No Elm. Rolla Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cem.
18. (a) Signature of funeral director Null & Son F.H.
(b) Address Rolla Mo
19. (a) July 16, 1946 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1946 hour 9 minute P M.
21. I hereby certify that I attended the deceased from 7-7, 1946 to 7-12, 1946;
that I last saw him alive on 7-12, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	5 days
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature E. E. Ferrid M.D. (M. D. or other)
Address Box 534 Rolla Mo Date signed 7-16-46

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(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1946

SEP 10 1947

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 [signature]

Licensed Embalmer No. 3397

P. O. Address Rolla 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.