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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1947
Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3043

43570
State File No. _____
Registrar's No. 27

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

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

3. (a) PRINT FULL NAME Bert Clark
3. (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 August 30 1905
(Month) (Day) (Year)

8. AGE: Years 41 Months 4 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____
12. Name Paul Clark
13. Birthplace Balls Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Marion Coers
15. Birthplace Harribal Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Clark
(b) Address Rt 2 Stanton Mo

17. (a) Burial (b) Date thereof 1-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Puttick Cem.

18. (a) Signature of funeral director James O'Donnell
(b) Address Harribal Mo

19. (a) 1-14-47 (b) W. C. M. Lucke
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 30
year 1946 hour _____ minute 12:45 M.
21. I hereby certify that I attended the deceased from January 18, 1946, to Dec 30, 1946
that I last saw him alive on Dec 29, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive with chronic nephritis
Duration 3 or 4 m

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 0

23. Signature A. B. Blue (M. D. over)
Address Harribal Date signed 1-8-47

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 H. M. O'Connell

Licensed Embalmer No. 3889

P. O. Address. Hannibal 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.