S. No. 2
M—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 JAN 31 1947

Registration District No. 304

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2166

Primary Registration District No. 6046

Registrar's No. 12

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town Rural
(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 None (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles 92

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural near Wentzville 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Harold Clark

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 2

5. Color or race B

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 31, (Day) 1946 (Year)

8. AGE: Years | Months | Days 7 | If less than one day hr. min.

9. Birthplace St Charles Co (City, town, or county) 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Wayne Clark
13. Birthplace St Charles Co (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Virgnia Jones
15. Birthplace St Charles (City, town, or county) 0 (State or foreign country)

16. (a) Informant Wayne Clark
(b) Address Wentzville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 7, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Marie Murphy
(b) Address Wentzville Mo

19. (a) [illegible] (Received local registrar) (b) Jennie Gussmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 6th
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Inanition fever starvation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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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 3

23. Signature Marie Murphy (M.D. or other)
Address Wentzville Mo Date signed 1-6-47

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed ~~by me, or by~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Marie Muschamy

Licensed Embalmer No. .....

P. O. Address Twentyfield Cm

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.