

Registration District No. **324**

Primary Registration District No. **6086**

Registrar's No. **95**

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. 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 One Year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline **92**
(c) City or town Marshall Rural **2**
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cecil Boyd Clark

3. (b) If veteran, name war 1st World War 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Troy Wolf 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 24 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 9 8 hr. min.

9. Birthplace Knoxville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Conductor on Railroad

11. Industry or business In Hammond Indiana

MOTHER FATHER { 12. Name George R. Clark
13. Birthplace Knoxville Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Mollie Harmon
15. Birthplace Knoxville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cecil B. Clark
(b) Address Marshall, Mo. R.F.D. 1

17. (a) Removal (b) Date thereof 5/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knoxville, Tenn. Cemetery

18. (a) Signature of funeral director J. Leslie Surrency While at work? _____ (Specify type of place)
(b) Address Marshall, Mo. (e) Means of injury _____

19. (a) May 5-1947 (b) Sidney T. Gray 23. Signature John M. Nisich (M. D. or other) MD
(Date, received local registrar) (Registrar's signature) Address 114 Augusta Rd. Date signed 5-3-47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
year 1947 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from
Jan 9 1947 to Apr 30 1947
that I last saw him alive on Apr. 30 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Due to myocardial infarction 8 years
Due to coronary occlusion 3 years

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? _____

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-16-47

NOV 07 1947

JUN 4 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 J. Lealie Surrage

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.