

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20749

State File No.

FILED JUN 24 1947

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
102 Phelps
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Lawrence Clark

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Polly Draper Clark 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Nov. 16 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Pettis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming (Retired)

11. Industry or business

12. Name Ben D. Clark
13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Etta Williams
15. Birthplace Pettis County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. L. Clark
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 6-21-47
(Burial, cremation, or removal) (City or town) (County) (State)
(c) Place: burial or cremation Hickory Point Cem. Pettis County, Mo.

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) 6-21-47 (b) RR Kennedy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 102 Phelps
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1947 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from June 1947
to June 19 1947
that I last saw him alive on June 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
Left ventricular failure
Due to Paralytic bowel
+ kidneys
Due to hypertension

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
23. Signature W. M. Wall (M. D. or other)
Address Windsor Date signed 6/21/47

RECEIVED
District Health Officer No. 7,
District File Number 5-42-742
Date Filed 6-23-47

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.....

William M. Turner
working under my personal supervision.

Registered Apprentice No. #70

Signed [Signature]

Licensed Embalmer No. 3391

P. O. Address Whitaker St

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.