

FILED JUL 2 3 1947  
283

Registration District No. 283

Primary Registration District No. 5655

1. PLACE OF DEATH:

(a) County LAWRENCE

(b) City or town MT. VERNON  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
MISSOURI STATE SANATORIUM  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 53 days  
(Specify whether years, months or days)

In this community 53 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town HiggenSVille 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 2305 Locust 1  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wilford Clark

3. (b) If veteran, name war NO

3. (c) Social Security No. UNKNOWN

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29<sup>th</sup>  
year 1947 hour 8 minute 05 P.M.

21. I hereby certify that I attended the deceased from April 17<sup>th</sup> 1947 to May 29<sup>th</sup> 1947;  
that I last saw him alive on May 29<sup>th</sup> 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis OTHER  
5 MO.

4. Sex MALE

5. Color or race Colored

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

6. (b) Name of husband or wife ANNABELLE JOHNSON

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased SEPTEMBER 9<sup>th</sup> 1906  
(Month) (Day) (Year)

8. AGE: Years 40 Months 8 Days 20  
If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Hub Clark

13. Birthplace Hodge Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name KATHERINE Carter Missouri

15. Birthplace Hodge Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant ETHEL Mc Michael

(b) Address Mo. State Sanatorium

17. (a) Removal (b) Date thereof May 30 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo.

18. (a) Signature of funeral director Hedger H. Green

(b) Address Lexington Mo.

19. (a) 6/16/47 (b) W. Philbrick 59  
(Date received by registrar) (Registrar's Signature)

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 \_\_\_\_\_

23. Signature O.A. Brasher MD. (State or other)  
Address Mo. State Sanatorium Date signed 5/29-47  
MT. VERNON

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

RECEIVED

District Health Officer No. 61

District File Number 647-666

Date Filed JUN 30 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 George H. Gurd

Licensed Embalmer No. 4220

P. O. Address Lexington 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.