. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 17 1947

Registration District No. 324

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36758

Primary Registration District No. 6092

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Grand Pass, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Transit (traveling through
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Douglas 999

(c) City or town Omaha 25
(If outside city or town limits, write "RURAL")

(d) Street No. - - 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Ernest E. Clark

3. (b) If veteran, name war W.W. 1

3. (c) Social Security No. 523-22-9001

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Luca Clark

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Sept- (Month) 9th, (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
55	0	15	....hr. ....min.

9. Birthplace Clearfield (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Cook & Barber

11. Industry or business

FATHER
12. Name William E. Clark
13. Birthplace Unknown (City, town, or county) Illinoise (State or foreign country)

MOTHER
14. Maiden name Minnie L. Riley
15. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)

16. (a) Informant A. P. Clark
(b) Address Omaha, Nebraska

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-26-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln, Nebraska

18. (a) Signature of funeral director Marshall Fun. Ho.
(b) Address Carrollton, Mo.

19. (a) 9-26-1947 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature) 2457

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th, year 1947 hour 8 minute 15 PM.

21. I hereby certify that I attended the deceased from on Sept. 24th, 1947, 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 Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94A	
Of autopsy	

PHYSICIAN

Underline the cause of 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) 2

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) Dr.

Address Waverly, MO. Date signed 9-26-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-16-47

JUN 18 1959

OCT 17 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 Myself, Registered Apprentice No. working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton, 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.