No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

Dr. Fitch

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

41373

State File No.

FILED JAN 8 1948

Registration District No. Primary Registration District No. 2000 Registrar's No. 1071

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1333 N. Summit (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 10 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No.: 1333 N. Summit (If rural, give location) 6
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Henry Clark
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M. C
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 8, (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	8	3	hr. min.

9. Birthplace: Dallas Co. Mo. (City, town, or county) 6 (State or foreign country)
10. Usual occupation: Nursery man
11. Industry or business:
FATHER 12. Name: Henry Clark
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Eliza Ann Bills 1
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. H. A. Evans
(b) Address: 1333 N. Summit
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn
18. (a) Signature of funeral director: Dunn Funeral Home
(b) Address: Springfield, Mo.
19. (a) 12-13-47 (Date received local registrar) (b) M. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: DEC. day: 11 year: 1947 hour: 5 minute: A.M.
21. I hereby certify that I attended the deceased from Jan 1947 to Dec 11 1947 that I last saw him alive on Dec 10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-Renal Vascular Disease	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) 0
While at work? (e) Means of injury
23. Signature: [illegible] (M. D. or other) MD
Address: [illegible] Mo. Date signed: 12-12-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FEB 9, 1948

JAN 16 1948

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 H L McCann

Licensed Embalmer No. 2727

P. O. Address Springfield 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.