S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44327

Registration District No. 156 — Primary Registration District No. 2001 — Registrar's No.

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

Dr M. O Coombs

49
2
5

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Johns 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 528 N. Sergeant 5 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Bartas J. Clark
3. (b) If veteran, name 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 Irma
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Sept (Month) 22 (Day) 1889 (Year)

8. AGE: Years 58 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Emporia (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Sec & Treas
11. Industry or business Clark-Kelley Building Material Co
FATHER
12. Name Charles Clark
13. Birthplace (City, town, or county) Michigan (State or foreign country)
MOTHER
14. Maiden name Mary K. King
15. Birthplace (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Mrs Irma Clark
(b) Address 528 No Sergeant
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem
18. (a) Signature of funeral director Hornhill Dillon
(b) Address Joplin Missouri
19. (a) 12-29-47 (Date received local registrar) (b) Dolores Lamphins Dr. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 26 year 1947 hour 9 minute 25 P M.
21. I hereby certify that I attended the deceased from Dec 24, 47 19 to Dec 26 1947 that I last saw him alive on Dec 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolus - from Recent Valves

Due to

Due to

Other conditions Chronic Hypoxaemia (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 93 D

Duration

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)
While at work? (e) Means of injury 0

23. Signature M O Coombs (M. D. ~~or other~~)
Address Joplin, Date signed Dec 29, 1947

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

47-12-2003

APR 6 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 Erling M. Hungy

Licensed Embalmer No. 3566

P. O. Address Joplin 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.