No. 2
-1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

5925

State File No.

Registration District No. 314 Primary Registration District No. 6603 Registrar's No.

1. PLACE OF DEATH:
(a) County St. Clair
(b) City or town Leonium Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Clair 93
(c) City or town Leonium Mo 0
(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) 0
If yes, name country

3. (a) PRINT FULL NAME Monroe Madison 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 Widower

6. (b) Name of husband or wife –

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

7. Birth date of deceased Feb. (Month) 21 (Day) 1867 (Year)

8. AGE: Years 80 Months 10 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace – – (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace – – (City, town, or county) (State or foreign country)

16. (a) Informant Marion Clark
(b) Address Leonium Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Smith Bend Cem.

18. (a) Signature of funeral director Tom Hurst
(b) Address Deepwater Mo.

19. (a) 1-12-1948 (Date received local registrar) (b) Ruth Seevers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11 year 1948 hour 1 minute 45 p. M.

21. I hereby certify that I attended the deceased ~~from~~ on January 7 1948, to 19..; that I last saw him alive on January 7 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	6 mo.
Carcinoma of penis with probable metastasis	not known
Due to Chronic nephritis	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 5/P
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 James A. Smith (M. D. or other) M.D.
Address Clinton, Mo. Date signed 1-12-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 1-48-144
Date Filed 2-26-48

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 Tom Hurst

Licensed Embalmer No. 2782

P. O. Address Desperates 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.