

No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 19 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9711  
Registrar's No. 19

Registration District No. 276 Primary Registration District No. 4410

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

1. PLACE OF DEATH  
(a) County Phelps  
(b) City or town St James  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Phelps  
(c) City or town St James  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Floyd A Clark  
3. (b) If veteran, name war V  
3. (c) Social Security No. 492-12-4490

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3 day 9  
year 1948 hour 1 minute 40 A.M.  
21. I hereby certify that I attended the deceased from January 20  
1948, to March 9, 1948  
that I last saw him alive on March 9, 1948,  
and that death occurred on the date and hour stated above.

4. Sex MD 5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Flores Clark  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 15-1875  
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration 0  
Due to Acute myocarditis 6 weeks  
Due to \_\_\_\_\_

8. AGE: Years 72 Months 8 Days 24  
If less than one day hr. min.

Other conditions Influenza 12 days  
(Include pregnancy within 3 months of death)  
Major findings: 33B  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Missouri Ill 1  
(City, town, or county) (State or foreign country)  
10. Usual occupation Brass Moulder

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Don't know  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

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 W. Hammler (M. D. \_\_\_\_\_)  
Address St. James, Mo Date signed III-11/48

16. (a) Informant Mrs. May Cooper  
(b) Address 358 W. 74th Chicago Ill  
17. (a) Burial (b) Date thereof 3-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burying Park St. Louis Mo  
18. (a) Signature of funeral director Orville Dickstein  
(b) Address St James Mo  
19. (a) March 13 48 (b) Cora E. Birmingham  
(Date received for registrar) (Registrar's signature)

March 13-48 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Phelps County Health Officer,

County File Number

File No. 3-18-48

**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.....

*me*

..... Registered Apprentice No. ....

working under my personal supervision.

Signed

*Oral E. Licklider*

Licensed Embalmer No. 3544

P. O. Address St James 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.