No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 6 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

20267

State File No.

Registration District No. 254

Primary Registration District No. 5860

Registrar's No.

5
0
0

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Thayer (Rural) 0
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country

3. (a) PRINT FULL NAME Charley Clark

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased January (Month) 3 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	3	19	hr. min.

9. Birthplace Oregon County (City, town, or county) Missouri (State or foreign country) 11

10. Usual occupation Timber work

11. Industry or business

FATHER
12. Name John Clark
13. Birthplace (City, town, or county) Tennessee (State or foreign country) 1

MOTHER
14. Maiden name Donna Bruce
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Gertie Clark
(b) Address Thayer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Clifton Cem.

18. (a) Signature of funeral director Leland Carter
(b) Address Thayer, Mo.

19. (a) 6-30-48 (Date received local registrar) (b) Edith Crass (Registrar's signature) 367

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1948 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 1945 to April 22 1948
that I last saw him alive on April 21 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Prostate on Colon	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of Prostate & Colon
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)
While at work (e) Means of injury

23. Signature C. W. Cooper (M. D. or other) MD
Address Thayer Mo. Date signed 5-5-48

Cooper

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-2-48
District Health Officer No. 6,
District File Number 74847
Date Filed 7-2-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.