

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23464**

FILED JUL 16 1948

Registration District No. **223**

Primary Registration District No. **5655**

Registrar's No. **78**

1. PLACE OF DEATH:

(a) County **Lawrence**  
(b) City or town **Mt. Vernon**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Missouri State Sanatorium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1160** days  
In this community **1160** days  
(Specify whether years, months or days)

3: (a) PRINT FULL NAME **Glen Clark**  
3: (b) If veteran, name war **No**  
3: (c) Social Security No. **498-24-6468**

4. Sex **Male** 5. Color or race **White**  
6: (a) Single, widowed, married, divorced **Married**  
6: (b) Name of husband or wife **Gertha Clark**  
6: (c) Age of husband or wife if alive **53** years  
7. Birth date of deceased **March 4 1913**  
(Month) (Day) (Year)

8. AGE: Years **35** Months **3** Days **17**  
If less than one day hr. min.

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

10. Usual occupation **Mechanic**

11. Industry or business **Automobile**

12. Name **Robert Clark**

13. Birthplace **Ray County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Crouse**

15. Birthplace **Clay County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **H. McMichael, Record Clerk**  
(b) Address **Mo. State San. Mt. Vernon, Mo.**

17. (a) **Burial** (b) Date thereof **6/24/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hamilton, Mo.**

18. (a) Signature of funeral director **John E. Rupp**  
(b) Address **605 1/2 Bryan Ave St. Joseph**  
19. (a) **June 28, 1948** (Date received local registrar)  
**111** (Registrar's signature) **09X**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **123 W. Ryde**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21**  
year **1948** hour **2:30** minute **8** M.

21. I hereby certify that I attended the deceased from **April 17**, 19**45**, to **June 21**, 19**48**  
that I last saw him alive on **June 21**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **Over 4 yrs**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: **15B**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **C. A. Basher, M.D.** (M. D. or other) **6-21-48**  
Address **Mount Vernon, Missouri** Date signed \_\_\_\_\_

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 248-771

Date Filed JUL 12 1919

1953  
JUN 2

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

Grandel P. Stude

, Registered Apprentice No. 213

working under my personal supervision.

Signed

John C. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.