

No. 300
-10-47
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29197

FILED OCT 9 1948

Registration District No. 1

Primary Registration District No. 3012

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 71 days
(Specify whether
In this community 71 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 720 Walnut Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Stephen H. Clark

3: (b) If veteran, name war World War 1

3: (c) Social Security No. 491013043

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30
year 1948 hour 2:25 minute P. M.

21. I hereby certify that I attended the deceased from July 22, 1948 to September 30, 1948;
that I last saw him alive on September 30, 1948;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased January 6 1898
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
<u>50</u>	<u>8</u>	<u>24</u>		

Immediate cause of death Epidermoid carcinoma right lobe lobe
Metastasis to the liver, right
xxx kidney, skin and both adrenals

Duration
Unknown
Unknown

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

10. Usual occupation Electrician

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin D. Clark

{ 13. Birthplace Columbus Kentucky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Clara E. Leiman

{ 15. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration Hospital

(b) Address Excelsior Springs, Missouri

17. (a) removal (b) Date thereof 10-2-48
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: removal Springfield, Missouri

18. (a) Signature of funeral director Chas. G. Hope
HOPE FUNERAL HOME

(b) Address Excelsior Springs, Missouri

19. (a) 10/1/48 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

Due to --

Other conditions --
(Include pregnancy within 3 months of death)

Major findings: 55E
Of operations _____

Of autopsy Same as above

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) 0
(e) Means of injury --

23. Signature A. A. Sprong (M. D. or other)
Address Excelsior Springs, Missouri Date signed 10-1-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-8-48

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 James A. Moles
Licensed Embalmer No. 3296
P. O. Address Ex Springs Me

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.