

S. No. 2
4-1/47
5-17-39

30382

FEDERAL BUREAU OF INVESTIGATION

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 22 1948

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 292

24
3
4

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
Residence 519 North Fourth
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion ⁶⁴

(c) City or town Hannibal ³
(If outside city or town limits, write "RURAL")

(d) Street No. 519 North Fourth ⁴
(If rural, give location)

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

3. (a) PRINT FULL NAME Nathan Lewis 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 Widowed

6. (b) Name of husband or wife Martha Clark 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 6, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 9 4 _____ hr. _____ min.

9. Birthplace New York _____
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name George Clark _____

13. Birthplace New York _____
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. R. Garnett

(b) Address 519 North Fourth Hannibal Mo.

17. (a) Burial (b) Date thereof 9/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director H. Campbell Smith

(b) Address 902 Broadway Hannibal, Missouri

19. (a) 9-9-48 (b) Dr. E. M. Sucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6
year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from August 19 47 to September 1, 1948
that I last saw him alive on September 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myo-carditis ^{Duration}
Unknown

Due to _____

Due to _____

Other conditions Pernicious Anemia
(Include pregnancy within 3 months of death) Nephritis

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 128

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? _____

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

23. Signature J. B. Britton M. D. or other M. D.
Address 500 Broadway, Hannibal Date signed 9/6/48

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 _____

working under my personal supervision. _____ Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.