

MAR 17 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7068

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 349
(b) Township Farbo Primary Registration District No. 5487 Registered No. 4
(c) City Calhoun, Mo. (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 44 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 44 yrs. mos. ds.

2. PRINT FULL NAME Howard Alexandra Clark

(a) Residence, No. Calhoun, Mo. R.F.D. St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Siatha Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 20 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 0 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macoupin Co, Illinois13. NAME Samuel B. Clark14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macoupin Co, Illinois15. MAIDEN NAME Elizabeth Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT (ADDRESS) Mrs. Siatha Clark
Calhoun, Mo.18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Calhoun, Mo. DATE 2-3-194119. FUNERAL DIRECTOR (ADDRESS) R.A. Brauninger
Leton, Mo.20. FILED Feb. 3 1941 D.W. Edith J. Simpson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 - 194122. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1941, to Feb 1, 1941.I last saw him alive on Feb 1, 1941. Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Crown aneurysm (thrombosis)

Date of onset

Jan 19/41Other contributory causes of importance: NoneName of operation None Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) S B Hughes M. D.(Address) Clinton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

I X12004

[Handwritten signature]

RECEIVED

District Health Officer No. 7,

District File Number 3-41-391

Date Filed 3-7-41

STATEMENT BY LICENSED EMBALMER

I, R. A. Bauninger, Licensed Embalmer No. 3377

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed R. A. Bauninger
Licensed Embalmer No. 3377

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.)