

S. No. 2
Form 5-1-1937
X 32873

21445

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 137

Primary Registration District No. 4213

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Montrose
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life Time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Montrose
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAVID W. 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 married
6. (b) Name of husband or wife Ellen Clark
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb. 17 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Montrose Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name David Clark
13. Birthplace Tempsie (City, town, or county) (State or foreign country)
14. Maiden name Jackson
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Ellen Clark
(b) Address Montrose Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Montrose

18. (a) Signature of funeral director Welling Bus
(b) Address Montrose Mo
19. (a) June 17 1943 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1943 hour 2 P.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from 12-22 1938 to June 7 1943
that I last saw him alive on June 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis
Due to _____
Due to 83a

Other conditions Paralysis from former cerebral hemorrhage
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 W.E. Baggerly (M. D. or other) MD
Address Montrose Mo Date signed 6-16-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12
00

1669

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-43-659
Date Filed 7-8-43

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 J. H. Vansant
Licensed Embalmer No. 3779
P. O. Address Clinton 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.