

FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34322
State File No. 65

Registration District No. 137

Primary Registration District No. 4217

Registrar's No. 178

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Urich Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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)

3. (a) PRINT FULL NAME Silas Clark

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m. 0 5. Color or race W. 6. (a) Single, widowed, ~~married~~, divorced 0

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

7. Birth date of deceased Feb 26 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 7 22 hr. _____ min.

9. Birthplace Pleasant Hill Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name George W. Clark 9

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Jane McRay 9

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Windmiller

(b) Address Urich Mo

17. (a) burial (b) Date thereof 9 20 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mullins Cemetery

18. (a) Signature of funeral director W. J. Brown

(b) Address Urich Mo

19. (a) 27-42 (b) W. J. Brown
(Date received local registrar) (Registrar's signature)

1069 George Kitchener
(Licensed Embalmer) (Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 420
(c) City or town Urich Mo 0
(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 X 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 8 day Sept
year 1944 11 hour _____ minute 9 A. M.

21. I hereby certify that I attended the deceased from Feb 14
1944 to Sept 17 1944
that I last saw him alive on 17 Sept 1944
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerosis
Senility
Due to _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 97

Major findings:
Of operations T
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 J. W. Yalworth (M. D. or other)
Address Urich Mo Date signed 9-17-44

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

42000

RECEIVED

District Health Officer No. 7,

District File Number 10-44-1225

Date Filed 11-8-44

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 R. R. Kennedy

Licensed Embalmer No. 3099

P. O. Address Clinton Md

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.