

S. No. 2
DM-843
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5564

State File No. _____

FILED MAR 2 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
1522 Frederick Ave.
(If not in hospital or institution, write street number or location)

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

In this community 39 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME GARRY DEAN CLARK

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: July 23 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>6</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Helena Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business Unknown,

12. Name Unknown,

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

14. Maiden name Carolyn Hampton

15. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carolyn Clark

(b) Address Helena, Mo.

17. (a) burial (b) Date thereof: 2/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rochester Cem.

18. (a) Signature of funeral director Horton Betola & Bauman

(b) Address 319 So. 10th

19. (a) 2/9/45 (b) Ellen J. Pickett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 8
year 1945 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from SEPTEMBER
1944 to FEB. 8 1945
that I last saw him alive on FEB. 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHIAL PNEUMONIA Puration P.M.O.

Due to _____

Due to _____

Other conditions MALNUTRITION, ACUTE
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 107

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) (c) Means of injury _____

23. Signature W. B. Maxwell (M. D. or other) 2 D.D.

Address Boylston, Mo. Date signed 2/8/45

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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

Frank A. [Signature]

Licensed Embalmer No. _____

1710

P. O. Address _____

St. Joseph [Signature]

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.