

Registration District No. 260

Primary Registration District No. 6225

State File No.

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Bernau
(b) City or town Burns Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs 8 mo 15 day
In this community 7 years 8 months 15 days
(Specify whether years, months or days)

8. (a) PRINT FULL NAME JOSEPH G. CLARK

8. (b) If veteran, ☒ name war 1 8. (c) Social Security No. 1

4. Sex Male 5. Color of White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Clark 6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased 12 - 12 - 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 5 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name Chas. B. Clark
13. Birthplace Va
14. Maiden name Caroline K. Harding
15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital record

(b) Address Burns
17. (a) Burial (b) Date thereof 2-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL

18. (a) Signature of funeral director John Anderson

(b) Address Burns

19. (a) 2-20-47 (b) Washington
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. 220
(If rural, give location)
(e) If foreign born, how long in U. S. A. 220 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1947 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from 7-31, 1945 to 2-17, 1947

that I last saw him alive on Feb 17, 1947
and that death occurred on the date and hour stated above

Immediate cause of death Arteriosclerotic heart disease Duration

Due to

Due to

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: ✓ Of operations 93P

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?

(Specify type of place) (Specify type of injury)

23. Signature R. G. Hall (M. D. or other)
Address Nevada Mo Date signed 2-17-47

CHARGE
EFFECTIVE
DATE

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 _____

Samuel H. Book

Registered Apprentice No. 471

working under my personal supervision.

Signed

John G. Chabouval

Licensed Embalmer No. 13585

P. O. Address Butler Ave

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, above space should be left blank.