

FILED MAY 4 1948

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 952

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

1. PLACE OF DEATH:

(a) County. Henry

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

(c) Name of hospital or institution. 911 South 2nd St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether years, months or days)

In this community. 45 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME WALTER W. CLARK

3. (b) If veteran, name war. _____

3. (c) Social Security No. 702-03-024

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Burdie Clark

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Nov 18 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>5</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Retired Rail Road man

11. Industry or business Conductor

12. Name John Clark

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

14. Maiden name Mary T Mansfield

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

16. (a) Informant Mrs W W Clark

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 4-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Charles H Beck

(b) Address Clinton mo

19. (a) 4-24-48 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town. Clinton mo
(If outside city or town limits, write "RURAL")

(d) Street No. 911 South 2nd St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24
year 1948 hour 9 minute A M.

21. I hereby certify that I attended the deceased from 8/12, 1946 to 4/24, 1948
that I last saw him alive on 4-9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Depletion

Due to _____

Due to _____

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

Fibrillation

Major findings: _____

Of operations _____

Of autopsy 940

Duration _____

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) (Means of injury)

23. Signature E. E. DeLoe (M. D. or other) _____
Address Clinton Mo Date signed 4/26/48

1946
5 NOV

RECEIVED
District Health Officer No. 7,
District File Number 4-48-456
Date Filed 5-3-48

FEB 28 1955
JUN 16 1955

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. E. Consolet

Licensed Embalmer No. 1891

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.