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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 10 1942  
Registration District No. 224

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30894  
Registrar's No. 49

Primary Registration District No. 30-46-5-796

68  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Moniteau, CO  
(b) City or town McGirk, MO. Walker, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McGirk, Mo. / Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 MO (Specify whether years, months or days)  
In this community 6 MO (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Moniteau  
(c) City or town McGirk, MO.  
(If outside city or town limits, write "RURAL")  
(d) Street No. McGirk, MO. (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Isaac W. Clark  
(b) If veteran, No name war \_\_\_\_\_  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 18 year 1942 hour 5 minute 45 P.M.  
21. I hereby certify that I attended the deceased from Sept. 18 to Sept. 18, 1942  
that I last saw him alive on Sept. 18, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Emely Clark 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased: March 3 1870  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis  
Duration \_\_\_\_\_

8. AGE: Years 72 Months 6 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 940

9. Birthplace Missouri (City, town, or county) (State or foreign country)  
10. Usual occupation Retired Farmer

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Robert Clark  
13. Birthplace Ill (State or foreign country)  
14. Maiden name Ellen Heather  
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Eula Snodgrass  
(b) Address McGirk Mo.  
17. (a) Burial (b) Date thereof. Sept, 20, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation McGirk Cemt

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? \_\_\_\_\_

18. (a) Signature of funeral director Bowlin Funeral Home  
(b) Address California, Mo  
19. (a) Sept 20 (b) H. J. Allen  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature H. J. Davison (M. D. or other) A. O.  
Address California Date signed 9/19/42

1312 (Licensed Embalmer's Statement on Reverse Side)

**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 Earl R. Bouline  
Licensed Embalmer No. 2126  
P. O. Address California, 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.**