

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32071

Registration District No. 592

Primary Registration District No. 5790

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery
(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 7.3 yrs
In this community 7.3 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? 0
If yes, name country

3. (a) PRINT FULL NAME Robert Benjamin Clark

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

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

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

7. Birth date of deceased 4/1/1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 4 14 hr. min.

9. Birthplace Bedford Co Va
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Isom Clark

13. Birthplace Bedford Co Va
(City, town, or county) (State or foreign country)

14. Maiden name Marie Arington

15. Birthplace Bedford Co Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Clark

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 8/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Cemetery

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 8/16/41 (b) Paul Menger
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Aug day 16 1941
year 1941 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from August 10, 1941 to August 15, 1941
that I last saw him alive on August 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary oedema Duration 1 day
Due to Anemia, secondary 2 mo.

Due to Carcinoma of colon 2 mo.

Other conditions (Include pregnancy within 3 months of death)

Major findings: HO
Of operations
Of autopsy

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 Paul Menger (M. D. or other) 0
Address Montgomery, Missouri Date signed 8/16/41

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

7010

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..... on the
day of August 1941....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No..... **1487**.....

P. O. Address..... **Montgomery City 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.