

No. 2  
8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED SEP 30 1946**  
STANDARD CERTIFICATE OF DEATH

State File No. **31186**  
Registrar's No. **95**

Registration District No. **297**

Primary Registration District No. **3057**

**1. PLACE OF DEATH:**  
 (a) County **Ray**  
 (b) City or town **Richmond**  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Ray** **89**  
 (c) City or town **Richmond** **1**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **643, East Main St.** **1**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** **0**  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Reuben Jackson Clarke**  
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Sept**, day **17**, year **1946** hour **7** minute **30 P.** M.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Flora Mason Clarke**  
 6. (c) Age of husband or wife if alive **84** years  
 7. Birth date of deceased **June, 6, 1859**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**April 2, 1945 to Sept 17, 1946**  
 that I last saw him alive on **Sept 17, 1946**  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<b>87</b>	<b>3</b>	<b>3</b>		hr. _____ min. _____

Immediate cause of death **Apoplexy** **10 min.**  
 Due to **Arterial Sclerosis** **10 years**  
 Due to **Hypertension** **10 years**  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace **Boon Co. Iowa**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Retired Farmer**

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**83A**  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name **R. S. Clarke**  
 13. Birthplace **Unknown Ind.**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Emily McCall**  
 15. Birthplace **Unknown Ind.**  
(City, town, or county) (State or foreign country)

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

16. (a) Informant **Mrs. Reuben J. Clarke**  
 (b) Address **Richmond, Mo.**  
 17. (a) **Burial** (b) Date thereof **Sept. 19, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Hickory Grove Cemetery**

(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)

18. (a) Signature of funeral director **[Signature]**  
 (b) Address **Richmond, Mo.**  
 19. (a) **Sept 20-46** (b) **Male Jackson**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
 23. Signature **D. E. G. Keram** (M. D. or other) **2**  
 Address **Richmond, Mo.** Date signed **Sept 20, 1946**

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

RECEIVED

District Health Officer No. 8,

District File Number

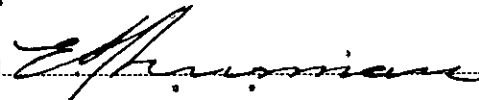
Date Filed

9-26-46

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, ~~###~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed



Licensed Embalmer No. 2073

P. O. Address. Richmond, 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.