

Registration District No. 114-32-124Primary Registration District No. 5981

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Reynolds Co. Mo.  
 (b) City or town Reynolds, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Rural.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 45 years  
 years, months or days

8. (a) PRINT FULL NAME JAMES W. CLARK 462  
 8. (b) If veteran, name war no  
 8. (c) Social Security No. no

4. Sex Male  
 5. Color or race White  
 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 Jan 22 1863  
 (Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 2 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

- MOTHER { 12. Name Lewis W. Clark  
 13. Birthplace unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary B. Sullivan  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lillian Butterfield  
 (b) Address River Rouge, Mich.  
 17. (a) Burial (b) Date thereof June 26 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Reynolds  
 18. (a) Signature of funeral director Chas. Leubel  
 (b) Address Van Buren, Mo.  
 19. (a) June 30 1940 (b) Mrs. J. P. Ryle  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Reynolds  
 (c) City or town Reynolds (Rural)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
 year 1940 hour 3:40 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from June 21  
 1940, to June 26 1940  
 that I last saw him alive on June 21 1940  
 and that death occurred on the date and hour stated above.

- Immediate cause of death Intermittent Nephritis  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

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?  
843  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature J. R. Ryle (M. D. or other) \_\_\_\_\_  
 Address Centerville, Mo. Date signed \_\_\_\_\_

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**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.

RECEIVED

District Health Officer No. A.

District File Number 240 767

Date Filed 7/1/40

Signed J. Allen Lewis Jr.

Licensed Embalmer No. 4053

P. O. Address Van Buren, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22649**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. **747**

Primary Registration District No. **5981**

Registrar's No. ....

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

**1. PLACE OF DEATH:**  
 (a) County Reynolds  
 (b) City or town Jackson T.P.  
(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)

**3. (a) PRINT FULL NAME** James W Clark  
**3. (b) If veteran** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** m **5. Color or race** w  
**6. (a) Single, widowed, married** wid  
 divorced \_\_\_\_\_  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband, or wife, if** \_\_\_\_\_  
 alive \_\_\_\_\_ year \_\_\_\_\_  
**7. Birth date of deceased** \_\_\_\_\_  
(Month) (Day) (Year)

**8. AGE:** Years 77 Months 5 Days 2  
 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

**9. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** \_\_\_\_\_

**12. Name** \_\_\_\_\_

**13. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**14. Maiden name** \_\_\_\_\_

**15. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**16. (a) Informant** \_\_\_\_\_

**(b) Address** \_\_\_\_\_

**17. (a)** \_\_\_\_\_ **(b) Date thereof** \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** \_\_\_\_\_

**18. (a) Signature of funeral director** \_\_\_\_\_

**(b) Address** \_\_\_\_\_

**19. (a)** Apr 1940 **(b)** Miss S.S. Pyrtle  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_  
(If outside city or town limits write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**20. DATE OF DEATH** Month June day 24  
 year 1970 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Interstitial Nephritis

**Due to** Chronic

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
**Major findings:**  
 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** J.P. Pyrtle (M. D. or other)  
**Address** Centerville Date signed \_\_\_\_\_

SUPPLEMENTAL

**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 9401917

Date Filed \_\_\_\_\_