

Registration District No. 1043

Primary Registration District No. 4141

Registrar's No. 6

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Eldridge, Mo
(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 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE CLARK
8. (b) If veteran, name war NO 8. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Eva Clark 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 9 1891
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Lucian Lay
(b) Address Eldridge, Mo

17. (a) Burial (b) Date thereof 1/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch
18. (a) Signature of funeral director Rayford V. Elliott
(b) Address Houston, Mo.

19. (a) June 1 1940 (b) Wm. M. Willkite
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Texas
(c) City or town Eldridge, Mo.
(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 1
year 1940 hour 11:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 28, 1940, to June 1, 1940
that I last saw him alive on May 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis
Glomerular type

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? _____

Other conditions Acute Generalized Impetigo
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

23. Signature Wm. M. Willkite (M. D. or other) M.D.
Address Houston Date signed 6-1-40

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

REV. 5-17-39 I X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

MOTHER FATHER

120.

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. 5,

Signed.....

District File Number 240-761

Licensed Embalmer No.....

Date Filed 7/1/40

P. O. Address.....

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.

Registration District No. 1043

Primary Registration District No. 6141

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

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Clark T.S.
(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

George Charles

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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 Months Days 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 (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Acute Nephritis

Due to Glomerular type

Due to Acute

Other condition Acute Generalized Impetigo

(Include pregnancy within 6 months of death)

Major findings: _____

Of operations _____

Of autopsy 120

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) (d) Means of injury _____

23. Signature R. M. Dillman (M.D. or other) _____

Address Houston _____

SUPPLEMENTAL

