

FILLED NOV 13 1941

Registration District No. **66**

Primary Registration District No. **4038**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **Bollinger**  
(b) City or town **Lutesville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Lifetime** (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME **Herbert Abiba Clark**

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

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

6. (b) Name of husband or wife **Marada E. Clark** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **Feb. 9 1869**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **8** Days **28** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Marble Hill Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **General Mdse. merchant**

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

12. Name **George E. Clark**

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

14. Maiden name **Walker**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **George Clark**

(b) Address **Lutesville, Mo.**

17. (a) **Burial** (b) Date thereof **10-12-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lutesville, Mo.**

18. (a) Signature of funeral director **Baker Funeral Home**

(b) Address **Lutesville, Mo.**

19. (a) **Oct. 13 1941** (b) **William H. Saw Amberg**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Bollinger**

(c) City or town **Lutesville**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **9th**  
year **1941** hour **2:00** minute **A** M.

21. I hereby certify that I attended the deceased from **8/22/1941** to **10/9/1941**  
that I last saw him alive on **10/9**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart disease** Duration **6 mos**

Due to **Heart disease**

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

Other conditions (Include pregnancy within 3 months of death) **1176**

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 **O. G. Miller** (M. D. or other) **11**

Address **Marble Hill, Mo.** Date signed **10/10/41**

**8610** (Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lebanon 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.**