

FILED JAN - 8 1942
Registration District No. **3008**

Primary Registration District No. **3008**

Registrar's No. **387**

4
1
2

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

1. PLACE OF DEATH:
 (a) County Calloway
 (b) City or town Fulton
 (c) Name of hospital or institution: State Hosp no. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 5 yrs 5 m 20 da (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Calloway/4
 (c) City or town Fulton
 (If outside city or town limits, write "RURAL") 1
 (d) Street No. _____ (If rural, give location) 2
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jack Lark (col)
 3. (b) If veteran, name war DK 3. (c) Social Security No. D.K.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 18 day Dec
 year 1942 hour 3:30 minute 2 M.
21. I hereby certify that I attended the deceased from 11-20-42
 _____, 19____, to 12-18- _____, 1942
 that I last saw him alive on 12-17- _____, 1942
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race negro 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: June 16 1916
 (Month) (Day) (Year)

Immediate cause of death
Pneumonia
Tuberculosis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
1381

8. AGE: Years 26 Months 6 Days 2 If less than one day _____ hr. _____ min.
 9. Birthplace MO _____ (State or foreign country)

10. Usual occupation Farmer labor
11. Industry or business _____
12. Name Walter Lark
13. Birthplace DK _____ (State or foreign country)
14. Maiden name DK
15. Birthplace DK _____ (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Records
 (b) Address _____
17. (a) Removal (b) Date thereof 12 21 42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Columbia MO
E. B. Roberts
18. (a) Signature of funeral director Columbia MO
 (b) Address _____
19. (a) 12-21-1942 (b) Jessie M. ...
 (Date received local registrar) (Registrar's signature)

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?
 _____ (Specify type of place) _____ (e) Means of injury DK
 While at work? _____
23. Signature K. E. Starnell (M. D. or other)
 Address Fulton MO Date signed 12-18-42

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.....

Licensed Embalmer No.....

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, fact should be so stated above.