

FILED FEB 19 1944

Registration District No. 191

Primary Registration District No. 4304

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Livingston.
(b) City or town Ludlow.
(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 62 years. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Ludlow
(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 _____

3. (a) PRINT FULL NAME JAMES WILLIAM CLARK.

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

4. Sex Male. 5. Color or Race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Anna Clark. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 4 1859 (Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 3 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 Clayborne Clarks.
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Cowan
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Clark. (b) Address Ludlow.

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

(c) Place: burial or cremation Jonner.

18. (a) Signature of funeral director E. A. Dickerson

(b) Address _____

19. (a) 2/19/44 (Data received by registrar) (b) Hannah Capple (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1944 hour 9 A.M. minute 0 M.

21. I hereby certify that I attended the deceased from Jan 13 - d. 1944 to Feb 8, 1944 that I last saw him alive on Feb 5, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Stute Pneumonia 2 days
Due to Myocarditis (chronic) 3 1/2

Other conditions None (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 Geo. W. Moore (M. D. number) 1
Address Ludlow Mo Date signed 2/19/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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..... *E. A. Huskisson*.....

Licensed Embalmer No..... *2534*.....

P. O. Address..... *Bogard, 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.