

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 13 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 226

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McCune-Brooks Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days) 0  
In this community 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Route 1, Reeds  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country - - -

3. (a) PRINT FULL NAME James Clark

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 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 February 13 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 8 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business None

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Maggie Estis

(b) Address Route 1, Reeds, Missouri

17. (a) Burial (b) Date thereof Oct. 24, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jasper Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Oct. 24 '44 (b) Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21 year 1944 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 16 1944 to Oct 21 1944; that I last saw him alive on Oct 21 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach

Due to Adventitious Tumor

Other conditions (Include present within 3 months of death) 466

Major findings: Of operations 466

Of autopsy 466

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) \_\_\_\_\_ (Specify type of injury)

23. Signature P. W. Walster (M. D. or nurse)

Address Carthage Mo Date signed Oct 23

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

MOTHER FATHER

44-11-904

**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..... *Emmal Kneel* .....

Licensed Embalmer No. *391* .....

P. O. Address..... *Cartage* .....

**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.**