

FILED FEB 16 1945

Registration District No. 33

Primary Registration District No. 6187

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Taney Co  
(b) City or town Rural of Big Creek  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution near Pratum mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life Time years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney  
(c) City or town Rural of Big Creek  
(If outside city or town limits, write "RURAL")  
(d) Street No. near Pratum mo  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Joe Newton Clarkson

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 Married  
6. (b) Name of husband or wife Ellen Clarkson 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased June 6 - 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Clark Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Thomas Clarkson  
13. Birthplace unknown KY  
(City, town, or county) (State or foreign country)  
14. Maiden name Mandy Scott  
15. Birthplace unknown KY  
(City, town, or county) (State or foreign country)

16. (a) Informant Clate Clarkson

(b) Address Brodleyville mo

17. (a) Rural (b) Date thereof Jan 21 - 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pratum mo

18. (a) Signature of funeral director McClure

(b) Address Farmersville mo

19. (a) 1-25-45 (b) Louise Forsyth  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20  
year 1945 hour 1:30 minute 0 M.  
21. I hereby certify that I attended the deceased from January 9  
1945, to January 9, 1945;  
that I last saw him alive on January 9, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypotension

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9 yr

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Dr. W. C. Clark (M. D. or other) MD

Address Farmersville, MO Date signed 1-25-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

006006

RECEIVED

District Health Officer No. 6;

District File Number 245-222

Date Filed FEB 11 1945

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 *Lawrence L. Hall*

Licensed Embalmer No. *2784*

P. O. Address *Yainewille, Va.*

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.