

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED APR 6 1945

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9515  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Dade Registration District No. 92  
 (b) Township Lockwood Primary Registration District No. 4153 Registered No. ....  
 (c) City Lockwood (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charley N. Clark  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frankie Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 - 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>76</u>	<u>5</u>	<u>22</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Deputy Agent  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1945

22. I HEREBY CERTIFY That I attended deceased from Feb 28, 1945 to March 7, 1945  
 I last saw him alive on Feb 6, 1945 Death is said to have occurred on the date stated above, at 4:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance: 93

Date of onset
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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

FATHER  
 13. NAME Christopher Clark  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn.

MOTHER  
 15. MAIDEN NAME Malinda Ferris  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn.

17. INFORMANT (ADDRESS) Mrs C. N. Clark, Lockwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACED Lockwood DATE March 10, 1945

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. Ray Caldwell, Lockwood, Mo.

20. FILED 3/7, 1945 James M. Coe Local Registrar

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify  
 (Signed) James O. Wren, M. D.  
 (Address) Lockwood, Mo.

RECEIVED

District Health Officer No. 6,

District File Number

445-400

Date Filed

APR 2 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

*E. J. Caldwell*

Licensed Embalmer No.

3380

P. O. Address

Leakwood, 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, above space should be left blank.