

FILED FEB 7 1946
Registration District No. 8042

Primary Registration District No. 8042

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Fredericktown
(If outside city or town limits, write "RURAL" and name of township)
(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
In this community
years, months or days

3. (a) PRINT FULL NAME JAMES DUDLEY CLARK

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 Maggie Lou Clark
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased August 10 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 23
If less than one day
hr. min.

9. Birthplace Butler County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name John Clark
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Clark
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. D. Clark
(b) Address 205 West Marvin, Fredericktown
17. (a) Removal (b) Date thereof 1-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Butler County, Mo.

18. (a) Signature of funeral director Stanley H. Rippert
(b) Address Fredericktown, Missouri
19. (a) 1-5-1946 (b) Phena Nickles
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. 205 West Marvin
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd
year 1946 hour 10:50 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 1
1946 to Jan 3 1946
that I last saw him alive on Jan 3
and that death occurred on the date and hour stated above.

Immediate cause of death
Influenza pneumonia
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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) (e) Means of injury
23. Signature Keith L. Hill (M. D. or other) D.O.
Address Fredericktown, Mo. Date signed 1-4-46

RECEIVED

Health Officer No. 4

ct File Number 246-1624

Date Filed 2-6-46

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

Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address Fredericktown, 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.