

N. E.—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.

1886

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

3828
Do not use this space.

FILED FEB 1 1946

1. PLACE OF DEATH
 (a) County Ripley Registration District No. 301
 (b) Township Ripley Primary Registration District No. 6032
 (c) City or Doniphan (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Thomas Earl Clark
 (a) Residence, No. Doniphan, Mo. Ripley County St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

Registered No. 2083

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Wollie Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15- 1880

7. AGE YEARS 65 MONTHS 4 DAYS 1 If LESS than 1 day, _____hra. or _____min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farming

9. Industry or business in which work was done, as saw mill, bank, etc. county clerk

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 8 years

12. BIRTHPLACE (CITY OR TOWN) Doniphan, Mo. (STATE OR COUNTRY) _____

FATHER
 13. NAME R. I. Clark
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME Wollie Hicks
 16. BIRTHPLACE (CITY OR TOWN) 11 (STATE OR COUNTRY) _____

17. INFORMANT Mr. Earl Clark (ADDRESS) Doniphan Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakridge Cemetery 1-20-46

19. FUNERAL DIRECTOR (NAME) E. Jordan (ADDRESS) Doniphan, Mo.

20. FILED 1-26 1946 F. B. Johnston Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 16 1946

22. I HEREBY CERTIFY That I attended deceased from January 16, 1946, to January 16, 1946.
 Last saw him alive on January 16, 1946. Death is said to have occurred on the date stated above, at 11:30 a. m.
 The principal cause of death and related causes of importance were as follows:
acute dilatation of R. heart
 Date of onset _____

Other contributory causes of importance: 920
arterio-sclerosis

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) J. J. Johnson, M. D.
 (Address) Doniphan, Mo.

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.....

J. L. Jordan

Licensed Embalmer No. *3200*

P. O. Address. *Worshiper*

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.

mo.