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FILED JUN 24 1946

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21034

State File No.

Registration District No. 276 Primary Registration District No. 3030 Registrar's No.

1. PLACE OF DEATH:

(a) County: Pemiscot

(b) City or town: Caruthersville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home- Rural Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community: 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pemiscot 38

(c) City or town: Caruthersville, Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural Route 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: James L. Clark

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: X

6. (c) Age of husband or wife if alive: X years

7. Birth date of deceased: March (Month) 7, (Day) 1867 (Year)

8. AGE: Years 79 Months 3 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace: Newbern, (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business ____

MOTHER FATHER

12. Name: John Clark

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

14. Maiden name: Unknown

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

16. (a) Informant: Mrs. Roy Medlin

(b) Address: Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/16/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Cemetery

18. (a) Signature of funeral director: H. L. Smith Funeral Home

(b) Address: Caruthersville, Mo.

19. (a) 6/15/46 (Date received by registrar) (b) Fossie Wilk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1946 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Diabetes, 1943, to June 12th, 1946 that I last saw him alive on June 12th, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia — Duration

Due to: Diabetes - Senility -

Due to:

Other conditions (Includes pregnancy within 3 months of death): —

Major findings: Of operations: —

Of autopsy:

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: J. B. Luten M.D. (M.D. or other)

Address: Caruthersville, Mo. Date signed: 6/14/46

247 (Licensed Embalmer's Statement on Reverse Side)

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

19903

JUN 17 1947

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 Bill Ford, Registered Apprentice No. 386, working under my personal supervision.

Signed James T. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.