

FILED AUG 9 1946

Registration District No.

Primary Registration District No.

5370

74

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town "Rural" Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 Mile East Gallatin, 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 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town "Rural" Union Township
(If outside city or town limits, write "RURAL")
(d) Street No. 1 Mile East Gallatin
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

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

3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month July day 18
year 1946 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from July 18, 1946 to July 18, 1946
that I last saw him alive on July 18, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife: Ellen Elizabeth Clark 6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased: December 29 1861
(Month) (Day) (Year)

Immediate cause of death Shock from death of wife
Due to Heart

8. AGE: Years Months Days If less than one day
84 6 9 hr. min.

Due to _____

9. Birthplace: Davis County Iowa
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation: Farmer

Major findings: Of operations _____

11. Industry or business: Retired

Of autopsy _____

12. Name: Unknown

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

14. Maiden name: Ellen Scott

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

16. (a) Informant: Kenneth Clark

(b) Address: Prescott, Arizona

17. (a) Burial (b) Date thereof: 7-21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director: Hope Funeral Home

(b) Address: Gallatin, Missouri

19. (a) 7-23-46 (b) Tugues M English
(Date received local registrar) (Registrar's signature)

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? No (Specify type of place) (e) Means of injury _____

23. Signature: L.R. Doolie (M. D. or other)

Address: Gallatin Mo Date signed: 7-21-46

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

MOTHER FATHER

220132

APR 20 1949

DISTRICT HEALTH OFFICER
Camden, 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.....

working under my personal supervision.

Registered Apprentice No.

Signed

L. O. Richardson

Licensed Embalmer No.

3307

P. O. Address

Gallatin, 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.