

FILED DEC 23 1946

Registration District No. **18**

Primary Registration District No. **3015**

Registrar's No. **93**

1. PLACE OF DEATH:

(a) County **CLINTON**
(b) City or town **CAMERON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **26 yrs**
years, months or days

3. (a) PRINT FULL NAME **DAVID LEWIS CLARK**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **NANNIE B. CLARK** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **SEPT 14 1886**
(Month) (Day) (Year)

8. AGE: Years **60** Months **2** Days **19** If less than one day hr. _____ min. _____

9. Birthplace **CADWELL CO MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **BARBER**

11. Industry or business **BARBERING**

12. Name **JOHN MILTON CLARK**

13. Birthplace **ILLINOIS**
(City, town, or county) (State or foreign country)

14. Maiden name **MARTHA ANN HENRY**

15. Birthplace **CADWELL CO MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS NANNIE B. CLARK**

(b) Address **CAMERON MO.**

17. (a) **BURIAL** (b) Date thereof **12-2-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CAMERON MO**

18. (a) Signature of funeral director **DEMOSSE CRUNK**

(b) Address **CAMERON MO.**

19. (a) **12-5-46** (b) **Two Willie Ganes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CLINTON**
(c) City or town **CAMERON**
(If outside city or town limits, write "RURAL")

(d) Street No. **415 W. CH Street**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **3**
year **1946** hour **3** minute **39** P. M.

21. I hereby certify that I attended the deceased from **7** days
to **3 Dec** 19**46**.

that I last saw **him** alive on **3 Dec** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Nephritis, Chronic **2 yrs.**
Cerebral Hemorrhage

Due to **hemiplegia** **1 yr**

Due to **Cardio-vascular renal**
disease

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy **310**

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? _____

While at work _____ (Specify type of place)

(e) Means of injury **1**

23. Signature **Franklin M.D.** (M. D. or other) _____

Address **Cameron, Mo.** Date signed **4 Dec 46**

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

MOTHER FATHER

66

AUG 1 1941

**DISTRICT HEALTH OFFICE
Cameron, 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.....

Licensed Embalmer No. 2523

P. O. Address..... Cameron, 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.