

FILED MAY 12 1948

Registration District No. **389**

Primary Registration District No. **6267**

Registrar's No. **6**

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

1. PLACE OF DEATH:

(a) County **WAYNE**  
(b) City or town **PATTERSON**  
(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 **9 yr.** (Specify whether years, months or days)  
In this community **9 yr.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Wayne III**  
(c) City or town **PATTERSON** (If outside city or town limits, write "RURAL")  
(d) Street No. **0** (If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **CHARITY LUCINDA CLARK**

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

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

6. (b) Name of husband or wife **DAVID M. CLARK** 6. (c) Age of husband or wife if alive **✓** years **8** 1868

7. Birth date of deceased **FEB. 8** (Month) (Day) (Year)

8. AGE: Years **80** Months **1** Days **29** If less than one day **✓** hr. **✓** min.

9. Birthplace **BRUNOT MO. 0** (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WORK**

11. Industry or business **HOME**

12. Name **JOHN CHILTON**

13. Birthplace **WAYNE CO. MO. 0** (City, town, or county) (State or foreign country)

14. Maiden name **ALMIDA MATRIN**

15. Birthplace **REYNOLDS Ca MO. 0** (City, town, or county) (State or foreign country)

16. (a) Informant **GADANTTIE WILKERSON**

(b) Address **PATTERSON MO.**

17. (a) **BURIAL** (b) Date thereof **APR 9 1948** (Month) (Day) (Year)

(c) Place: burial or cremation **PATTERSON, MO.**

18. (a) Signature of funeral director **Johnson W. Kirk**

(b) Address **Redmont, Mo.**

19. (a) **April 27-48** (b) **Burial in Piles** (Date received local registrar) (Registrar's signature) **3110**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **7** year **1948** hour **5** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **Jan. 1**, 1948 to **Apr 7**, 1948  
that I last saw him alive on **Apr 5**, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial infarction**  
Due to **atherosclerosis**  
**hypertension**  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **927**  
Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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 **L. E. Toney** (M. D. or other)  
Address **Redmont, Mo.** Date signed **4-10-48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 4

Number 548-632

5-11-48

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

*me*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Harold E. Brivler*

Licensed Embalmer No. 14426

P. O. Address Bedmont, 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.**