—1747
5-17-39

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

National Office of Vital Statistics

FILED JUN 10 1948

STANDARD CERTIFICATE OF DEATH

State File No. 15626

Registration District No. 53 — Primary Registration District No. 3010 — Registrar's No. 170

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community All Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Gir
(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No. Rodney Vista Dr (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Nichols Clark
3. (b) If veteran, name war War I
3. (c) Social Security No.

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife Nellie
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan (Month) 1 (Day) 1887 (Year)

8. AGE: Years 61 Months 4 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)
10. Usual occupation Railroad (Fresco)
11. Industry or business
FATHER
12. Name James Clark
13. Birthplace Neely Landing Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Alford
15. Birthplace Cape Gir Co. (City, town, or county) (State or foreign country)
16. (a) Informant Nellie Clark
(b) Address Cape Girardeau Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Joe G. Howell
(b) Address Cape Girardeau Mo
19. (a) 5-1-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 411

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1948 hour 9 minute p M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A

Of autopsy

PHYSICIAN — Underline the cause of 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 Dr. J. F. Sigmund Coroner (M. D. or other)
Address Jackson, Mo Date signed 5/27/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

Registration File Number 648-723

Date Filed 6-8-48

JUN 11 1948

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.