

Registration District No. **268**

Primary Registration District No. **5861**

Registrar's No. **11**

1. PLACE OF DEATH:  
 (a) County **De Kalb**  
 (b) City or town **Clarksville Sherman**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Home**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **JOHN CUDDEWIS**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W 2**  
 6. (b) Name of husband or wife **WIFE BALZONA FEWIS** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: Years **80** Months **11** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St Joseph Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_  
 12. Name **Robert Lewis**  
 13. Birthplace **Virginia**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Isabelle Boyd**  
 15. Birthplace **Tenn**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Lewis Jr**  
 (b) Address **Clarksville Mo**

17. (a) **Burial** (b) Date thereof **12-29-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation **Clarksville Tenn**  
 18. (a) Signature of funeral director **John Brown**  
 (b) Address **Clarksville Mo**

19. (a) **Dec 26-1941** (b) **Man C. M. Davis**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County **De Kalb 32**  
 (c) City or town **Clarksville P.O. Rural 0**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **Rural 3 mi North of Clarksville**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **22nd**  
 year **1941** hour **6** minute **-** A. M.  
 21. I hereby certify that I attended the deceased from **1925**  
**Dec.**, 19**25**, to **Dec.**, 19**41**;  
 that I last saw him alive on **11/27-**, 19**41**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Sclerosis** Duration **3 yrs**

Due to \_\_\_\_\_

Due to **946**

Other conditions **Heart** **12 yrs**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **no 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?

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury **1)**

23. Signature **Wesley L. Purkins** (M. D. or other) **MD**  
 Address **Clarksville, Mo** Date signed **12/23/41**

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

MOTHER FATHER

**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 ML

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed John G. Brown  
Licensed Embalmer No. 3933  
P. O. Address Clarksville, Tenn

**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.**