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Registration District No. 477 Primary Registration District No. 4288 Registrar's No. 58

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town Labelle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 11 yrs. - 3 mo (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward E. Clark
3. (b) If veteran, name war NO
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fannie Clark
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased December 29 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business
12. Name John Clark
13. Birthplace Unknown
14. Maiden name Charlotte Griffith
15. Birthplace Unknown

16. (a) Informant Mrs. Alta Fishback
(b) Address Labelle, Mo

17. (a) Burial (b) Date thereof Nov. 1 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Steffensville Cemetery

18. (a) Signature of funeral director Charles S. Godwin
(b) Address Labelle, Mo. By W.D. Godwin

19. (a) Nov 4 1940 (b) P. W. Jennings, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis
(c) City or town Labelle, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 82 yrs 10 mo 1 day

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct., day 30th
year 1940 hour 7 minute 9 M.
21. I hereby certify that I attended the deceased from Oct. 20
1940, to Oct. 30, 1940
that I last saw him alive on Oct. 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency Duration 1 yr
Senility
Due to Senility
Due to Heart
Other conditions (include pregnancy within 3 months of death) None

Major findings:
Of operations _____
Of 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) NO
(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 P. W. Jennings (M. D. or other) M.D.
Address Labelle, Mo. Date signed 11/4/40

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

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.....

Norman D. Coder Registered Apprentice No.
working under my personal supervision.

Signed *Norman D. Coder*

Licensed Embalmer No. *3721*

P. O. Address *La Belle, 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, above space should be left blank.