

No. 2  
-13-40  
17-39  
X23199

FILED FEB 14 1941

Registration District No. 708

Primary Registration District No. 3020

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
316 Fulton St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community Lifetime.

3. (a) PRINT FULL NAME John Franklin Clark

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Pansy M. Clark

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: March 26, 1852  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>9</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Jasper Co., Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Minister (Ret'd)

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name O. R. Clark

13. Birthplace St. Louis Co., Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Lewallen

15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James Clark.

(b) Address La Russell, Missouri.

17. (a) Burial (b) Date thereof 1-17-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison, Carthage.

19. (a) Jan. 16, 1941 (b) E. J. McEntire, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage  
(If outside city or town limits, write "RURAL") 1

(d) Street No. 316 Fulton St.  
(If rural, give location) 3

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14th  
year 1941 hour 10:00 minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from Dec 19 1939  
Jan 14 1941 to Jan 14 1941  
that I last saw him alive on 1/14 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Suppstate pneumonia 2 days

Due to Cerebral Hemorrhage 3 Days

Due to Arteriosclerosis Unknown

Other conditions  
(Include pregnancy within 3 months of death) 132 W

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

23. Signature W. J. McEntire (Specify type of place) \_\_\_\_\_  
(While at work) (e) Means of injury \_\_\_\_\_

Address 204 Grant Date signed 1/16/41

41-2-205

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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..... *E. Decker* .....

Licensed Embalmer No. *2222*

P. O. Address *Carthage*

**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.**