FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 31 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18322-A

Registration District No. 176 Primary Registration District No. 5658 Registrar's No.

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: "Rural" Vineyard Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sarcoxie Route #2
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lawrence
(c) City or town: "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No.: Sarcoxie Route #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James Orange 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: Anna E. Daigh Clark
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October (Month) 4, (Day) 1858 (Year)

8. AGE: Years 83 Months 7 Days 22 If less than one day hr. min.

9. Birthplace: Avilla, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Orange R. Clark
13. Birthplace: Unknown (City, town, or county) Ky. (State or foreign country)
MOTHER 14. Maiden name: Carthage
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mr. D. W. Clark
(b) Address: Rt. #2 Sarcoxie, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Red Oak Cemetery
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.
19. (a) 12-31-47 (Date received local registrar) (b) W. S. Burney M.D. (Registrar's signature) by mgw

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th. year 1942 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from 9-28- 1939 to May 26- 1942 that I last saw him alive on ..., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia & pneumonia	
Due to: Hypertension	3 years.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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: W. S. Burney M.D. (M. D. or other)
Address: Sarcoxie, Mo. Date signed

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

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

DEC 31 1947

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.....

Licensed Embalmer No.....2222

P. O. Address.....

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.