

FILED AUG 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30136

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 139

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

1. PLACE OF DEATH:
(a) County Peru
(b) City or town Central Washington Ins.
(c) Name of hospital or institution:
State Hospital # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 10 hrs 15 min
In this community 1 year 10 months 15 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Audrain
(c) City or town Linn Creek
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSE CLUDSWORTH CLARK
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 ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 12-3-1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 9
year 1947 hour 8 minute 20 A.M.
21. I hereby certify that I attended the deceased from 10-17-1947 to 8-9-1947
that I last saw her alive on Aug 8, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 8 6 hr. min.

Immediate cause of death Senile deterioration
Due to Heart exhaustion

9. Birthplace Mexico Mo
(City, town, or county) (State or foreign country)
10. Usual occupation retired

Other conditions (Include pregnancy within 3 months of death)
Major findings: ✓
Of operations ✓
Of autopsy ✓

MOTHER FATHER
11. Industry or business
12. Name Louis B Cludsworth
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Thurmer
15. Birthplace Mo
(City, town, or county) (State or foreign country)

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

16. (a) Informant Hospital record
(b) Address Nebraska, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-9-47
(Month) (Day) (Year)
(c) Place: burial or cremation Crematorium, Mo.
18. (a) Signature of funeral director Harry Samuel Davis
(b) Address Nebraska, Mo.
19. (a) 8-9-47 (Date received local registrar) (b) Thaddeus Yancy (Registrar's signature)

23. Signature W. H. Hall (Physician)
Address Nebraska Date signed 8-9-47

RECEIVED
District Health Officer No. 7,
District File Number 7-47-980
Date Filed 8-18-47

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 H.A. Warrick
Licensed Embalmer No. 2070
P. O. Address Windsor, 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, fact should be so stated above.