S. No. 300
M—10-47
7. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29372

Registration District No. 109 Primary Registration District No. 4180 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

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

(d) Street No. West Martin Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME James Monroe Cluck

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased September (Month) 12 (Day) 1879 (Year)

8. AGE: Years 69 Months 0 Days 6 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business —

MOTHER FATHER

12. Name Miles Cluck

13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

14. Maiden name Mennie Vaughn

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

16. (a) Informant Opal Parks

(b) Address Campbell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-48 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Landers Funeral Home

(b) Address Campbell, Missouri

19. (a) 9/22/48 (Date received by local registrar) (b) Miss Beulah Campbell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18 year 1948 hour — minute 7:40 p.m.

21. I hereby certify that I attended the deceased from Sept. 16th, 1948, to Sept. 18th, 1948, that I last saw him alive on Sept. 18th, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Cardio-Vascular Disease - Cerebral Thrombosis	?
Due to Terminal Hypostatic pneumonia.	2 days.
Due to	24 hrs.
Other conditions (Include pregnancy within 3 months of death)	

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)

(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 Wallace Belcher (M. D. or other) MD

Address Campbell Mo. Date signed 9/21/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 98-1265
Date Filed 9-22-88

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.