

S. No. 2
-12-45
5-17-39
1 X47070

FILED JAN 3 1949

Registration District No. **38**

Primary Registration District No. **5214**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **CARTER Co.**

(b) City or town **RURAL - JOHNSON TWP.**
(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 _____ (Specify whether years, months or days) **76 years**

3. (a) PRINT FULL NAME **JOHN HENRY CLARK.**

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 **MARRIED**

6. (b) Name of husband or wife **LELA CLARK**

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

7. Birth date of deceased **Dec 15 - 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76	11	25	hr. min.
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9. Birthplace **BUTLER Co MO U**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business _____

MOTHER FATHER

12. Name **JOHN CLARK**

13. Birthplace **TENN**
(City, town, or county) (State or foreign country)

14. Maiden name **SARAH KING**

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

16. (a) Informant **Mrs Marie Joplin**

(b) Address **Ellsinore Mo**

17. (a) **BURIAL** (b) Date thereof **Dec 12-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **NT Phelps**

(b) Address **Poplar Bluff Mo**

19. (a) **Dec 10-48** (Date received local registrar)

(b) **Mrs Oeta Henson** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **CARTER**

(c) City or town **RURAL - JOHNSON TWP.**
(If outside city or town limits, write "RURAL")

(d) Street No. **26 MI WYN POPLAR BLUFF**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **10** year **1948** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 4 7**, 19 **48**, to **10 Dec**, 19 **48**, that I last saw him alive on _____, 19 _____, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **1 week**

Due to **Arterio sclerosis**

Due to **apoplexy 2 year ago**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **g36**

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)

(c) Means of injury **Car**

23. Signature **J. P. Probstman** (M. D. or other) **MD**

Address **Poplar Bluff Mo** Date signed **13 Dec 48**

RECEIVED 12-27-48
District Health Officer No. 5,
District File Number 1278795
Date Filed 12-27-48

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.....

Marshall C. Blackwell, Registered Apprentice No. 293
working under my personal supervision.

Signed N. F. Phelps

Licensed Embalmer No. 3231

P. O. Address Caplan Bluff Ins

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.