

FILED AUG 9 1945
STANDARD CERTIFICATE OF DEATH

State File No. **23586**

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **219**

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution State Hospital No 1
(d) Length of stay: In hospital or institution 1 yr 8 m 25 d
In this community 1 yr 8 m 25 d

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Moniteau
(c) City or town Clarksburg
(d) Street No. 1
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Elbridge Clark
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 9 year 1945 hour 2-20 minute a M.
21. I hereby certify that I attended the deceased from 7-11-1944 to 7-9-1945
that I last saw him alive on 7-8-1945 and that death occurred on the date and hour stated above.

4. Sex male **5. Color or race** White **6. (a) Single, widowed, married, divorced** married
6. (b) Name of husband or wife Anneta Clark **6. (c) Age of husband or wife if** 6 years
7. Birth date of deceased Jan 1874

Immediate cause of death Myocarditis
Due to arteriosclerosis
Due to _____

8. AGE: Years 71 Months 6 Days 3 If less than one day _____ hr _____ min.

9. Birthplace Clarksburg Mo

10. Usual occupation Print Farmer

11. Industry or business _____

12. Name John Wesley Clark

13. Birthplace Mo

14. Maiden name Andrews Brown

15. Birthplace Mo

16. (a) Informant Friend

17. (a) Burial (b) Date thereof 7-11-45

18. (a) Signature of funeral director James E. Richard

19. (a) 7-10-1945 (b) John W. Minkoff

Other conditions _____
Major findings: _____
Of operations _____
Of autopsy 93e

19. (a) 7-10-1945 (b) John W. Minkoff

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature George H. Davis (M. D. or other) MD
Address Fulton Mo Date signed 7-9-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

8-9-45

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

James E. Richard

Licensed Embalmer No.

2464

P. O. Address

Lipton 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.