DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25885

Registration District No. 630 | Primary Registration District No. 4380 | Registrar's No.

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Skidmore (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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: 2 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO. (b) County: Nodaway
(c) City or town: Skidmore (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Zelda Emaline Clark 4 2
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: James Albert Clark
6. (c) Age of husband or wife if alive: dead years
7. Birth date of deceased: Dec. (Month) 14, (Day) 1857 (Year)

8. AGE: Years 82 | Months 7 | Days 13 | If less than one day hr. min.

9. Birthplace: Nodaway Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John Brown
13. Birthplace: (City, town, or county) Tenn (State or foreign country)
MOTHER 14. Maiden name: Not Known
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant's ~~name~~: Solon Clark
(b) Address: Maryville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 29, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Skidmore Mo.
18. (a) Signature of funeral director: John W. Price
(b) Address: Maryville, Mo.
19. (a) July 29 (Date received by local registrar) (b) Dr. J. C. Manning (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1940 hour 4 minute 45 P. M.
21. I hereby certify that I attended the deceased from May 14, 1940 to July 27, 1940 that I last saw her alive on July 27, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral apoplexy	
Due to: arteriosclerosis	
Due to:	
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: J. C. Manning (M. D. or other)
Address: Skidmore Mo Date signed 7/29/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. [redacted]
District File Number 840-1092
Date Filed AUG 12 1940

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 John W. Price

Licensed Embalmer No. 3229.

P. O. Address Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.