

Aug 23 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26438
Do not use this space.

1. PLACE OF DEATH
 (a) County Schuyler Registration District No. 802
 (b) Township Salinas Primary Registration District No. 6046 Registered No. 72
 (c) City Downing (d) Street No. Serial no. 86 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Helen Ann Clarkson
 (a) Residence, No. Downing St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF widow of Wm. Clarkson (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 2 19

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Horse shoe
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Schuyler Mo. (STATE OR COUNTRY)

FATHER
 13. NAME John Kirkland

14. BIRTHPLACE (CITY OR TOWN) ky (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Sarah Hocker

16. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)

17. INFORMANT Arual Clarkson (ADDRESS) Downing Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Downing DATE May 24 1940

19. FUNERAL DIRECTOR Lyde Moore (ADDRESS) Downing Mo.

20. FILED May 30 1940 H. B. Gering Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1940
 22. I HEREBY CERTIFY, That attended deceased from March 3, 1940, to May 22, 1940
 I last saw her alive on May 22, 1940. Death is said to have occurred on the date stated above, at 6:0 m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance: 12c

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) H. B. Gering M. D.
 (Address) Downing Mo.

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

THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 8-40-1670

Date Filed Aug 21, 1940

STATEMENT BY LICENSED EMBALMER

I, Lloyd Moore, Licensed Embalmer No. 3137

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Lloyd Moore
Licensed Embalmer No. 3137

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.)