

Registration District No. **183** Primary Registration District No. **4298**

1. PLACE OF DEATH
(a) County **Linn**
(b) City or town **Linn**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Linn**
(c) City or town **Linn**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **JUDIA WATKINS CLARK**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **Negro** 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 **March 5 1872**
(Month) (Day) (Year)

8. AGE: Years **72** Months **6** Days **29** If less than one day hr. min.

9. Birthplace **Linn, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business

12. Name **Harry Watkins**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Yvonne C. Clark**
(b) Address **1100 Sheridan Road, Chicago, Ill.**

17. (a) **Burial** (b) Date thereof **Oct 8 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lafayette Cemetery**

18. (a) Signature of funeral director **Theresa Hudib**
(b) Address **Linn, Mo. C.D.H. Taylor**

19. (a) **Oct 8 1944** (b) **Mrs. C. C. Woolf**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **4th**
year **1944** hour **8** minute **9** P. M.

21. I hereby certify that I attended the deceased from **March 2nd 1944** to **October 4th 1944**
that I last saw ~~her~~ alive on **Oct. 2nd 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Starvation (INANITION)**

Due to **Acute carcinoma**

Due to

Other conditions (Include pregnancy within 3 months of death) **H6**

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 **Dr. Willis L.** (M. D. or other)
Address **Linn, Mo.** Date signed **10/5**

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

MOTHER FATHER

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..... *Darr A. Zeylar*

Licensed Embalmer No..... *3761*

P. O. Address..... *Linnew, 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.