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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1948

Registration District No. 251

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37511

Primary Registration District No. 4372

Registrar's No. 281

1. PLACE OF DEATH:

(a) County: Nodaway

(b) City or town: Burlington Jct.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Family home /
(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: 64 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Nodaway

(c) City or town: Burlington Jct.,
(If outside city or town limits, write "RURAL")

(d) Street No.: none
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: ____

3. (a) PRINT FULL NAME: ZOA BELLE CLARK

3. (b) If veteran, name war: none

3. (c) Social Security No.: none /

4. Sex: Female /

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Horace Edwin Clark

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: Feb. (Month) 13 (Day) 1870 (Year)

8. AGE: Years 78 | Months 8 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: Scott Co. (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

MOTHER FATHER

12. Name: Albert Dempster

13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name: Isabella Dunn

15. Birthplace: Scott Co. (City, town, or county) Iowa / (State or foreign country)

16. (a) Informant: Mr. H. E. Clark

(b) Address: Burlington Jct., Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11/21/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Ohio Cemetery

18. (a) Signature of funeral director: Price Funeral Home

(b) Address: Maryville, Missouri

19. (a) 11-27-48 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 19 day 19 year 1948 hour 10 minute 21 A.M.

21. I hereby certify that I attended the deceased from Nov. 1 1948 to Nov. 19 1948; that I last saw her alive on Nov. 19 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	20 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No
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: L. E. Wallace D.O. (M. D. or other)

Address: Burlington Jct. Mo Date signed 11-20-48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. 4281

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, fact should be so stated above.