

FILED AUG 3 1940

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

25829

Do not use this space.

## 1. PLACE OF DEATH

(a) County Hopkins Registration District No. 55  
 (b) Township Carroll Primary Registration District No. 6262 Registered No. 34  
 (c) City Carroll Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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

(a) Residence, No. 460 Alexander Clark (Usual place of abode, if no street address, write county or city) Carroll (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Clark  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1866  
 7. AGE YEARS 74 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll, Mo.  
 FATHER 13. NAME Wm. H. Clark  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll, Mo.  
 MOTHER 15. MAIDEN NAME Wm. H. Clark  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll, Mo.  
 17. INFORMANT (ADDRESS) W. J. Williams  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul DATE May 21 1940  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bob Williams  
Carroll, Mo.  
 20. FILED 7-25-40 1940 M. V. Munn Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1940  
 22. I HEREBY CERTIFY That I attended deceased from April 1 1940 to July 21 1940  
 I last saw him alive on May 15 1940 Death is said to have occurred on the date stated above, at 3 1/2 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic nephritis  
and arteriosclerosis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: none  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no 1940  
 Where did injury occur? none  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury none  
 Nature of injury none  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. J. Williams M. D.  
Carroll, Mo.  
 (Address) Carroll, Mo.

RECEIVED

District Health Officer No. 2,

District File Number 840-124

Date Filed 8/1/40

---

---

**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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, above space should be left blank.**