

Registration District No. \_\_\_\_\_ Primary Registration District No. 1

**1. PLACE OF DEATH**

(a) County Adair  
(b) City or town Kirkville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Dr. Brown Smith Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Clark  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Clark 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Dec 27 1868  
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bushnell Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_  
12. Name Joseph Clark  
13. Birthplace Belfast Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Van Mulholland  
15. Birthplace Glasgow Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leo Drake  
(b) Address Memphis Mo

17. (a) Burial (b) Date thereof July 31-4  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Mo  
18. (a) Signature of funeral director W. S. Skiff  
(b) Address Memphis Mo

19. (a) July 31/41 (b) Spencer L. Freeman  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Scotland  
(c) City or town Memphis  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 29  
year 1941 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jul. 22, 1941 to Jul 29, 1941  
that I last saw him alive on July 29, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 7 days  
Due to chronic nephritis unknown

Due to carcinoma of prostate gland "

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 51B  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. S. Smith (M. D. or other) 11  
Address E. S. Smith, M. D. Date signed 7-29-41

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

2  
41  
39  
28390

RECEIVED

District Health Officer No. 10

District File Number 8-41-1573

Date Filed AUG 21 1941

**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, fact should be so stated above.**