FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 14 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

25316

State File No.

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 264

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 407 N. Franklin
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirksville
(If outside city or town limits, write "RURAL")

(d) Street No. 407 N. Franklin
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James W. Clark

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Fannie Skinner

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased Oct. (Month) 20 (Day) 1854 (Year)

8. AGE: Years 93 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Pleasant Mount (City, town, or county) Penn. (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

FATHER
12. Name Robert Clark
13. Birthplace Brooklyn (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Tressie Lempcke
15. Birthplace (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Maurice Clark
(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hills Cmt.

18. (a) Signature of funeral director Dee Riley Funeral Home
(b) Address Kirksville, Missouri

19. (a) 9-8-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5
year 1948 hour 12th minute 55 P.M.

21. I hereby certify that I attended the deceased from March 3, 1939, to Sept. 5, 1948; that I last saw him alive on Sept 5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory paralysis

Due to Cerebral + cerebellar sclerosis

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 William C. Kelly (M. D. or other)
Address Kirksville, Mo Date signed 9-5-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 9-48-169
Date Filed SEP 13 1948

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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.