

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

31477
 Do not use this space.

1. PLACE OF DEATH 15 1938
 (a) County Johnson Registration District No. 399
 (b) Township Canon Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. McC Gen Hosp Registered No. 3774
 (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 Jose Clark
 (a) Residence, No. 1105 Charlotte St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Deloss Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>67</u>	<u>05</u>	<u>5</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Canon Kansas

FATHER 13. NAME Seth Talbot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER 15. MAIDEN NAME August Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Deloss Clark
 (ADDRESS) 1105 Charlotte

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ottawa, Mo DATE 9-28 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. H. Blackman & Son

20. FILED Sept 28 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-26 1938 to 9-27 1938
 I last saw her alive on 9-27 1938. Death is said to have occurred on the date stated above, at 11:25 am
 The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease with Nephritis (Chronic)
 Date of onset 1931

Other contributory causes of importance: 1931

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify 1
 (Signed) P. H. De Maria M. D.
 (Address) McC Gen Hosp

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.