

REC'D JUN 8 1939

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

17618

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1007  
 (c) City Kansas City (d) Street No. Research Hospital Registered No. 2020  
 (e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Sarah A. FLOYD CLARK.

(a) Residence, No. 3327 Askew Avenue St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Will Clark.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1869.  
 7. AGE YEARS 69 MONTHS 10 DAYS 23 IF LESS THAN 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 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) Missouri

FATHER 13. NAME James T. Loller.

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

MOTHER 15. MAIDEN NAME Liddy Smith.

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

17. INFORMANT Mrs. Roy Callahan (Daughter)  
 (ADDRESS) 3327 Askew Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dudenville Ho. DATE 5/16/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hellody McGilley.  
K. C. Ho.

20. FILED May 15, 1939 M. M. Crowe  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1939, to May 14, 1939  
 I last saw her alive on May 13, 1939 Death is said to have occurred on the date stated above, at 3:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis & uraemia Date of onset 59

Other contributory causes of importance:  
Arterio Sclerosis - Diabetes  
Pyelonephritis & Calculus

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Lab. Pac. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? L 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? NO  
 If so, specify \_\_\_\_\_  
 (Signed) Ralph Perry, M. D.  
 (Address) 41800 E 24 St

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.

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**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.**