

Registration District No. **299**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas city**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **H. C. Sun Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 - day**
(Specify whether
In this community **5 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **5912 Spruce**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Beldon H. Clark 462**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Jan Clark** 6. (c) Age of husband or wife if alive, years **18**
7. Birth date of deceased **Nov 18 1890**
(Month) (Day) (Year)

8. AGE: Years **48** Months **9** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Baker**

11. Industry or business _____

MOTHER FATHER
12. Name **Samuel Clark 1**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Mitchell**
15. Birthplace **Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Beldon Clark**

(b) Address **1500 Sun Hosp**

17. (a) **Burial** (b) Date thereof **9-16-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Springs R 13 Webb**

18. (a) Signature of funeral director **Wm Springs me**

(b) Address _____

19. (a) **9-15-39** (b) **MML**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Sept** day **14**
year **1939** hour _____ minute **20-9** M.

21. I hereby certify that I attended the deceased from **Sept 1 - 1939**, 19____, to **Sept 14**, 19____
that I last saw him alive on **Sept - 14**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Peritonitis** Duration _____

Due to **Cholelithiasis; Perihepatic abscess;**

Due to **126**

Other conditions **Hypostatic Pneumonia**
(Exclude pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy **See above**

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 **P J De Mamer MD** (M.D. or other) _____

Address **Supt HC Sun Hosp** signed **9-15-39**

MARGIN RESERVED FOR BINDING

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

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.

V-8 (6-27-39)
50M-5-17-39
Rev. 5-17-39
U.S. GOVERNMENT PRINTING OFFICE: 1935

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.