S. No. 2
—11-10-39
v. 5-17-39
I X214

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17302

FILED JUN 17 1940

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1829

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3240 Anderson St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Kaw

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

(d) Street No. 3240 Anderson St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Richard Lee Clark 462

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Child

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

7. Birth date of deceased July (Month) 1 (Day) 1929 (Year)

8. AGE: Years 11 Months 9 Days 28 If less than one day hr. min.

9. Birthplace Kansas City Mo (City, town, or county) (State or foreign country)

10. Usual occupation School Boy

11. Industry or business

FATHER
12. Name David Clark
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marion Anderson
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mr. David Clark

(b) Address 3240 Anderson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-40 (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hill

18. (a) Signature of funeral director Rose & Henderson

(b) Address 4139 E. 15th St.

19. (a) May 1, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1940 hour 6 minute 30 p M.

21. I hereby certify that I attended the deceased from Sept 29, 1939, to Apr 29, 1940; that I last saw him alive on Apr 29, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral insufficiency 92	
Due to	3 yrs
Due to Scarlet fever (several years ago)	3 wks
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)

36 While at work? (e) Means of injury

23. Signature J J Davis (M. D. or other)

Address 907 Waldheim Date signed 5-1-40

(Side)

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 Van Lawson (apprentice), Registered Apprentice No. ..... working under my personal supervision.

Signed John B. Tarp

Licensed Embalmer No. 2955

P. O. Address W. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.