

FILED JAN 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42784

State File No. _____

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 306

1. PLACE OF DEATH:

(a) County Jackson *Blue Hill*
(b) City or town Independence
(c) Name of hospital or institution:
416 Hunter 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 18 years
years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits write "RURAL")
(d) Street No. 1259 Osage
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME John Reynolds Clark

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Clark 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 21, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 18 hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin Clark
18. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Rosella Tilton
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William A. Clark
(b) Address 1123 A. Scott, Kansas City, Ks.

17. (a) Burial (b) Date thereof 12/12/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope, K. C. K.

18. (a) Signature of funeral director Geol. H. Long

(b) Address 10 and Barnett, K. C. K.

19. (a) Dec 12 - 40 (b) J. S. Cook M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 9
year 1940 hour 9 minute 30P. M.

21. I hereby certify that I attended the deceased from Nov 16, 1940, to Dec 9, 1940;
that I last saw him alive on Dec 9, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary occlusion
Due to arteriosclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) 44 B

Major findings: Of operations _____
Of autopsy _____

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? No

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J. J. Okalab M.D. (M. D. or other) _____
Address 10807 Indep. Ave. J.C.K. Date signed 12-11-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18

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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 Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address Kansas City, 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, above space should be left blank.