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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6048
820

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

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Penn Valley Lake 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town K.C.
(If outside city or town limits write "RURAL")
(d) Street No. 715 W 18th.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME WILLIAM CLARK

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

4. Sex M
5. Color or race N
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Aug 31 1930
(Month) (Day) (Year)

8. AGE: Years 10 Months 5 Days 23 If less than one day hr. min.

9. Birthplace K.C. 1 Kans.
(City, town, or county) (State or foreign country)
10. Usual occupation School boy
11. Industry or business
FATHER
12. Name John L Clark
13. Birthplace Marsal Mo. D
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Helen Burgin
15. Birthplace K.C. Mo (S)
(City, town, or county) (State or foreign country)
16. (a) Informant Ernest Fuller
(b) Address 715 W 18th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-41
(Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director H. Tegeman & Sons
(b) Address K.C. Mo.
19. (a) 2-26-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 2-23-41
year hour minute 3:30 P.
21. I hereby certify that I attended the deceased from Coron, 19, to, 19;
that I last saw him alive on, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Death by drowning	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operation	
Of autopsy Inspection	

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) Accident 123
(b) Date of occurrence 2-23-41
(c) Where did injury occur? K.C. Mo
(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)
While at work? (e) Means of injury 3
23. Signature [signature] (M. D. or other)
Address K.C. Mo Date signed

(Licensed Embalmer's Statement on Reverse 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 Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. K. Tegeman

Licensed Embalmer No. 2744

P. O. Address K-C, 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.