

STANDARD CERTIFICATE OF DEATH

9477

State File No.

Registrar's No.

886

Registration District No. 3-19

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:
General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-18-41-2-28-41
(Specify whether years, months or days)
In this community 20 years

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. 1514 Euclid Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wilbert Clark

3. (b) If veteran, name war None 3. (c) Social Security No. 462-18-5857

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

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

7. Birth date of deceased 2 14 1926
(Month) (Day) (Year)

8. AGE: Years 20 Months 31 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Porter

MOTHER FATHER

11. Industry or business: _____

12. Name Primus Clark

13. Birthplace Marshall Texas
(City, town, or county) (State or foreign country)

14. Maiden name Willie Hubbard

15. Birthplace Marshall Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) burial (b) Date thereof 3/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Nathans Bros.

(b) Address 1729 Lydia, K. C., Mo.

19. (a) 3/3/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28
year 41 hour 4 minute 08 P.A.M.

21. I hereby certify that I attended the deceased from 2-18- 41 to 2-28- 41
that I last saw him alive on 2-28- 41
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Meningitis

Due to Hydronephrosis of Right Kidney.

Due to _____

Other conditions 14
(Include pregnancy within 3 months of death)

Major findings: 14
Of operations _____

Of autopsy Above Mentioned

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. P. [Signature] D. or other) _____

Address Pres. Hosp. #2 Date signed 2-28- 41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Gas Jerome Manlove
Licensed Embalmer No. 3994
P. O. Address 1206 23rd St.

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, fact should be so stated above.