

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: Reseach Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 17 hours  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence 48  
(If outside city or town limits, write "RURAL")

(d) Street No. 110 West College 4  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME CHARLES A CLARK

3. (b) If veteran name war World War

3. (c) Social Security No. 490-09-3129

4. Sex male

5. Color White

6. (a) Single, widwed, married Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Sept 17-1896  
(Month) (Day) (Year)

8. AGE: Years 44 Months 10 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation laborer

11. Industry or business City Lamination Plant

12. Name John A. Clark

13. Birthplace British Columbia  
(City, town, or county) (State or foreign country)

14. Maiden name Georgia M. Patterson

15. Birthplace Jackson Co, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Clark

(b) Address R.F.D. #2, Independence

17. (a) Burial Woodlawn (b) Date thereof 8-23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director George A. Carson

(b) Address Independence, Mo.

19. (a) 8/17/41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1941 hour \_\_\_\_\_ minute 7:30 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull

Other conditions Fracture of Skull  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

Physician Lucas H. Hurdock, D.M.D.

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

(b) Date of occurrence 7-29-41

(c) Where did injury occur at City Lamination Plant  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industry  
(Specify type of place) (e) Means of injury fall from Bldg

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

Address IC ... Date signed \_\_\_\_\_

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

MC

AUG 11 1941

AUG 14 1941

AUG 18 1941

OCT 10 1941

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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

*Raymond W. Marten*

Licensed Embalmer No. *4150*

P. O. Address *Independence 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, fact should be so stated above.