No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 13 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30637

Registrar's No. 3393

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: St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Several days (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Kansas City 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1312 Montgall 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PATRICK A CLARK

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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 January (Month) 4 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	8	5	hr. min.

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

10. Usual occupation Retired Conductor

11. Industry or business Pullman Company

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

MOTHER
14. Maiden name Mary Riley
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Richard S. Clark
(b) Address 1312 Montgall

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Marys Cemetery

18. (a) Signature of funeral director J.F.O'Donnell Co
(b) Address 3256 Broadway Kansas City, MO

19. (a) 9/11/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1941 hour 11 minute 7 P M.

21. I hereby certify that I attended the deceased from 9-2-41, 19__, to 9-9-41, 19__;
that I last saw him alive on 9-9-41, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Encephalomalacia	
Due to: Cerebral Embolism	
Due to: Coronary Occlusion acute	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 94a

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)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) O
Address 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Park G. Rowe.....

Licensed Embalmer No.....2347.....

P. O. Address.....Ft. C. Mo.....

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

If this body is not embalmed, fact should be so stated above.