

FILED OCT 21 1941

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 232

1. PLACE OF DEATH: Callaway  
 (a) County Callaway  
 (b) City or town Fulton Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hospital 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 yrs, 3 mos, 15 days  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City 14  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2402 Olive St. 1  
 (If rural, give location) 2  
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Clark  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. D.K.

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife D.K. 6. (c) Age of husband or wife if alive D.K. years  
 7. Birth date of deceased May 2 1877  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>3</u>	<u>29</u>	<u>12 hr. 30 min.</u>

9. Birthplace Kansas (City, town, or county) 1 (State or foreign country)  
 10. Usual occupation Truck Driver

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name Robert Clark  
 13. Birthplace Kansas (City, town, or county) 1 (State or foreign country)  
 14. Maiden name Wane 15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Hospital records  
 (b) Address \_\_\_\_\_  
 17. (a) ~~Place of burial~~ (b) Date thereof Sept 11-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Kansas State Mo  
 18. (a) Signature of funeral director Ed. Isede  
 (b) Address 2100  
 19. (a) Sept 2 1941 (b) R. N. Crewe  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept. day First  
 year 1941 hour 12 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from June 21, 1941  
 to Sept. 1st, 1941;  
 that I last saw him alive on Sept. 1st, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration one day  
 Due to Senile marasmus  
cardiac insufficiency  
 Due to \_\_\_\_\_  
 Other conditions Senile psychosis  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 1620

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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
 23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address State Hospital Date signed 7-1-41

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.....

*Ed Bell*

Licensed Embalmer No.....

*2130*

P. O. Address.....

*Fulton, N*

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

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