

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH
(a) County. Jackson
(b) City or town. Kansas City
(c) Name of hospital or institution: 1123 Lydia
(d) Length of stay: In hospital or institution. about 35 years
In this community. about 35 years

3. (a) PRINT FULL NAME. William Clark

3. (b) If veteran, name war. 3. (c) Social Security No. 708-10-9454

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

6. (b) Name of husband or wife. Clark
6. (c) Age of husband or wife if alive. 38 years

7. Birth date of deceased. Nov. 22 1877

8. AGE: Years 63, Months 10, Days 7, If less than one day hr. min.

9. Birthplace. Unknown

10. Usual occupation. Truck driver for railroad

11. Industry or business. Unknown

12. Name. Unknown

13. Birthplace. Unknown

14. Maiden name. Unknown

15. Birthplace. Unknown

16. (a) Informant. Leonard Clark
(b) Address. 1123 Lydia

17. (a) Burial
(b) Date thereof. 10-8-41

18. (a) Signature of funeral director. E. S. Stuber
(b) Address. 1212 S. King St.
19. (a) 10/6/41 (b) M. M. Crowe

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Jackson
(c) City or town. Kansas City
(d) Street No. 1123 Lydia
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9, day 29, year 1941, hour 9:30, minute 17 M.

21. I hereby certify that I attended the deceased from 19... that I have examined the body and that death occurred on the date and hour stated above.

Immediate cause of death. Bilateral Hemorrhay

Due to. Laceration of lung

Due to. Stab wounds of chest

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

Major findings: Of operations. 167
Of autopsy.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify). Homicide
(b) Date of occurrence. 9-29-41
(c) Where did injury occur? KC Jackson
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (e) Means of injury

23. Signature. Russell... (M. D. or other) 3
Address. Date signed.

Duration
Underline the cause to which death should be charged statistically.

OCT 28 1941

W. A. M.

W. A. M.

W. A. M.

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 *E. Sterling Bells*

Licensed Embalmer No. *3178*

P. O. Address *787 1/2 mile*

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.