

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C.Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1857 Jefferson /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wy 999
(c) City or town KCK 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1308 So 39
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country.

3. (a) PRINT FULL NAME Mrs Juanita Clark Stout

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Albert Eugene 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased March 15 1920
(Month) (Day) (Year)

8. AGE: Years 22 Months 4 Days 2/6 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name Joseph H Clark
13. Birthplace Cincinnati Ohio (City, town, or county) (State or foreign country)
14. Maiden name Rachael Gould
15. Birthplace Lincoln Co. Ks (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rachel Clark
(b) Address 1308 S 39th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cem. H.R.

18. (a) Signature of funeral director Simmons
(b) Address K.C. 14

19. (a) 8-3-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st year 1942 hour 9 minute 30 AM.
21. I hereby certify that I attended the deceased from May 1, 1942 to Aug 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 1939?

Due to 13 B
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none
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) none
(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 A. H. Price (M. D. or other) DO
Address 1119 W Washington St Date signed Aug 3, 42

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

48
50
8

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 *N N Simmons*

Licensed Embalmer No. *3903*

P. O. Address *1504*

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.