U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32658

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3700

48 3 8

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 816 Bales Court. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 3
(c) City or town Kansas City Mo. 8
(If outside city or town limits, write "RURAL")
(d) Street No. 816 Bales Court.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Clara F. CLARK.

3. (b) If veteran, name war No

3. (c) Social Security No. No 499-10-0441

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Lee Clark

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased April (Month) 3rd, (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
42	6	4	hr. min.

9. Birthplace Pitsburg (City, town, or county) Kansas (State or foreign country) /

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Louis Lontkowsky
13. Birthplace (City, town, or county) Poland (State or foreign country) 4

MOTHER
14. Maiden name Katherine Neeiheg.
15. Birthplace (City, town, or county) Poland (State or foreign country) 4

16. (a) Informant Mr. Lee Clark.
(b) Address 816 Bales Court.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation Pitsburg Kansas

18. (a) Signature of funeral director Mellody-McGilley
(b) Address K. C. Mo.

19. (a) 10-8-42 (Date received local registrar) (b) M. M. Browe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th, year 1942 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 20, 1942 to 10/7, 1942 that I last saw h. alive on 10/7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular Hemorrhage — Duration 6-8 mos

Due to Arteriosclerosis — over 2 yrs

Due to Left Bicepsat

Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

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 Edgar Veden (M. D. or other)
Address 1103 Grand Date signed 10/8/42

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.