

FILED DEC 18 1942
1942

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4445

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. Luke's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital of institution **2 Days**
In this community **17 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **4640 Wornall Road**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country. **--**

3. (a) PRINT FULL NAME **Mrs. Mildred Woods Clarke**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mr. Charles E. Clarke** 6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **September 1 1897**
(Month) (Day) (Year)

8. AGE: Years **45** Months **2** Days **29**
If less than one day hr. min.

9. Birthplace **Smithville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **--**

MOTHER FATHER
12. Name **John B. Woods**
13. Birthplace **Smithville Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Lela Wigglesworth**
15. Birthplace **Lexington Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **M. M. Crowe**
(b) Address **4640 Wornall Road**

17. (a) **Burial** (b) Date thereof **Dec. 2, 1942**
(Burial, cremation, or removal) (Year)
(c) Place: burial of cremation **Odd Fellows Cemetery Smithville, Missouri**

18. (a) Signature of funeral director **W. H. Newcomer, Son**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **12-1-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **30th**
year **1942** hour minute M.
21. I hereby certify that I attended the deceased from **Pathologist**
19 to 19;
that I last saw him live on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Peritonitis**
Due to **Intestinal obstruction with gangrene and perforation.**
Other conditions **12-2-42**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **--**
Of autopsy **as above**
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) **L**
(b) Date of occurrence **L**
(c) Where did injury occur? **L**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **L**

While at work? **L** (Specify type of place) (e) Means of Injury **L**
23. Signature **Maurice L. Jones** (M. D. or other)
Address **909 1/2 W. Blvd.** Date signed **11-30-42**

WRITE PLAINLY—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.....

Ernest C. Shikles

Licensed Embalmer No.....

4234

P. O. Address.....

H. C. Mo

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.