

X3287

LED AUG 6 1943 149
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3148

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:
Trinity Lutheran
(If not in hospital or institution, write street number or location)

(d) Length of stay: 14 days
(Specify whether hospital or institution)

In this community 14 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray ⁸⁹

(c) City or town Richmond
(If outside city or town limits, write "RURAL")

(d) Street No. 814 N. Main
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME W. Keith Clark

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1943 hour Two minute Sixteen AM

21. I hereby certify that I attended the deceased from 7-4 1943 to 7-18 1943
that I last saw him alive on 7-18 1943
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February 18, 1889
(Month) (Day) (Year)

Immediate cause of death

1. Generalized Carcinomatous?

2. Postoperative peritonitis

Due to 4/6/4

Due to 4/6/4

Other conditions (Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>5</u>	<u>0</u>	<u>0</u> hr. <u>0</u> min.

9. Birthplace Ray County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Live Stock Buyer

11. Industry or business

12. Name Hiram Clark

13. Birthplace Penn!
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Thomas

15. Birthplace Mo
(City, town, or county) (State or foreign country)

Major findings of operations Gastric Carcinoma

Of autopsy /

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

16. (a) Informant Eloyd Clark

(b) Address Ray County, Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 7-19-43
(Month) (Day) (Year)

(c) Place: burial or cremation Richmond

18. (a) Signature of funeral director J. B. Brothers

(b) Address Richmond, Mo.

19. (a) 7-18-43 (b) W. E. Dixon
(Date received local registrar) (Registrar's signature)

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) /
(Means of injury)

23. Signature Sealy B. Peep (M. D. who?)
Address Trinity Hospital Date signed 7-18-43

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

MOTHER FATHER

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.