

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 27 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3579

1. PLACE OF DEATH: Jackson

(a) County \_\_\_\_\_

(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:  
721 Cambridge  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
43 years (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 721 Cambridge  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Mary Matilda Clark

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife George Marshall Clark

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

7. Birth date of deceased Feb. 18, 1866  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>5</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Quincy Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Phillip Williams

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

14. Maiden name Beckie Prochat

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

16. (a) Informant Mrs. Ada Witchie

(b) Address 721 Cambridge, K.C.Mo.

17. (a) Burial (b) Date thereof Aug. 20 - 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawson, Mo.

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Indep. Ave., K.C., Mo.

19. (a) 8-19-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17  
year 1943 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-17-43  
8-17-43, 1943, to 8-17-43, 1943

that I last saw h.a.r. alive on 8-17- and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Duration \_\_\_\_\_

Due to \_\_\_\_\_ 2002

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

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) \_\_\_\_\_

(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 Carl J. ... (M. D. or other) allo

Address 2005 ... Date signed 8-18-43

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

2005 midyear case

**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.**