

FILED MAR 24 1944

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Law
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2201 E 67th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town W. C. Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2201 E 67th St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ormiel W. Clark

(b) If veteran, name war No

(c) Social Security No. no #

4. Sex male 5. Color or race W

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

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

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

1 - 1889

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>1</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation traffic man

11. Industry or business 1113 Bureau

12. Name Logan Clark

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

14. Maiden name Ellen Clark

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

16. (a) Informant myself

(b) Address 2201 E 67th, Kansas City, Mo.

17. (a) Burial (b) Date thereof 2-22-44
(Burial, cremation, or removal) _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation Glendale

18. (a) Signature of funeral director Stuart McClure

(b) Address 15. E. 11th

19. (a) 2-22-44 (b) W. C. Brown
(Date received local registrar) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 20
year 1944 hour 9 minute 15 A M.

21. I hereby certify that I attended the deceased from 4/13/43
_____ 19____, to 2/20 19____, 19____
that I last saw h _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death acute respiratory failure Duration _____

Due to osteogenic sarcoma spreading to scapula, ribs, mediastinum and al structures. 11 mo.
Primary site humerous

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

Major findings: Of operations _____
Of autopsy none performed 5/9

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 G. D. Tenfold (and of other) _____
Address 4148 Prospect Date signed 2-20-44

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..... *John B. Hurley*.....

Licensed Embalmer No... *4050*.....

P. O. Address... *Kansas City 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.