

FILED JUN 29 1944
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 2478

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
609 W. 59th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all life years, months or days

3. (a) PRINT FULL NAME Agnes P. Clark
3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race wt 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife A. L. Clark 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 - 17 - 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business at home

12. Name Geo L Brown
13. Birthplace Canada (City, town, or county) _____ (State or foreign country)
14. Maiden name Catherine Andersson
15. Birthplace Scotland (City, town, or county) _____ (State or foreign country)

16. (a) Informant Wm A Bodwell

(b) Address 609 W 59 st

17. (a) Elinwood (b) Date thereof 6/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elinwood Cem

18. (a) Signature of funeral director Stine-McClure

(b) Address 15 E. 174 E

19. (a) 6-12-44 (b) N.E. Brown
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 609 W 59 st
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day June
year 1944 hour 4 minute 55 P M.
21. I hereby certify that I attended the deceased from 8-18-42
to June 10, 1944
that I last saw her alive on June 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Arterio-Sclerosis Duration 3 yrs.
Due to Renal Arterio Sclerosis 8 yrs.

Other conditions: Ch Myocarditis 8 yrs.
(Include pregnancy within 3 months of death)

Major findings: 93 D. PHYSICIAN _____
Of operations _____
Of autopsy none
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 Geo A. Odvick (M. D. or other) M.D.
Address 1002 1/2 N. E. K.C. Mo. Date signed 6-12-44

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

MOTHER FATHER

Dr. Leo O'Brien
1-30
Cryol Body

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K 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.