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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20521

State File No.

FILED JUL 15 1944

Primary Registration District No. 1002

Registrar's No. 2744

1. PLACE OF DEATH:  
Jackson  
(a) County  
(b) City or town. Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2209 Vine Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 years (Specify whether years, months or days)  
In this community

3. (a) PRINT FULL NAME Ellen Clark  
3. (b) If veteran, name war. None  
3. (c) Social Security No. None

4. Sex 3 Fe  
5. Color or race Col  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Joseph Clark  
6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased October 14, 1879 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 14 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Joseph Jackson  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Caroline Woods  
15. Birthplace Boone County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Sadie Hill  
(b) Address 2300 Vine

17. (a) burial (b) Date thereof 7/1/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery  
18. (a) Signature of funeral director Halkins Bros.  
(b) Address 1729 Lydia

19. (a) 7-1-44 (b) T. E. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
Missouri (a) State (b) County Jackson 48  
Kansas City (c) City or town. 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 2209 Vine (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th year 1944 hour 8:10 minute P. M.

21. I hereby certify that I attended the deceased from 7 June 1944 to 28 June 1944 that I last saw him alive on 28 June 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration 21 days  
Due to Chronic Nephritis 21 days  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1318  
Of autopsy  
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?

23. Signature J. E. Brown (Specify type of place) (e) Means of injury While at work  
Signature J. E. Brown (M. D. or other)  
Address 2939 Date signed 7-1-44

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

Hibbler

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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 *Jerome Manlove*  
Licensed Embalmer No. *3994*  
P. O. Address *2503 Highland*

**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.**