

FILED SEP 22 1944

Registration District No. **199**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **RC Mo**
(c) Name of hospital or institution: **St Mary's Hospital**
(d) Length of stay: In hospital or institution **4 hrs. 25 min**
In this community **4 hrs. 25 min**

3. (a) PRINT FULL NAME

Baby Gene Clark

3. (b) If veteran, name war **— NO —**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **0** **7. B.**

6. (b) Name of husband or wife **—** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **8-31-44**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day **4 hr. 25 min.**

9. Birthplace **AC** **0 Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Had been**

11. Industry or business

MOTHER FATHER {
12. Name **Flavius Edward Clark**
13. Birthplace **Wentworth 0 Mo.**
14. Maiden name **Betty Jeanne Shaw**
15. Birthplace **Baxter Springs Kans.**

16. (a) Informant **Mother**
(b) Address **42 Warner Place**

17. (a) **Removal** (b) Date thereof **9-1-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carthage, Missouri**

18. (a) Signature of funeral director **J. F. O'Donnell**
(b) Address **3256 Broadway**

19. (a) **9-1-44** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Jackson 42**
(c) City or town **H.C.**
(d) Street No. **42 Warner Place**
(e) Citizen of foreign country? **—** (Yes or No)
If yes, name country **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **31**
year **1944** hour **9** minutes **28 a.m.**

21. I hereby certify that I attended the deceased from **8/31/44** 19... to **8-31** 19...
that I last saw her alive on **8-31-** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **congenital atherosclerosis of lungs**

Due to **159**

Other conditions **Prematurity**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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?
(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 **Ottobear Kofersauer**
Address **900. Roubidoux** Date signed **8-31-44**

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.