

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40032
State File No. 5128

FILED JAN 4 1944
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4115 Locust
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4115 Locust
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME William S. Clark

3. (b) If veteran, name war no

3. (c) Social Security No. # unknown

4. Sex Male 5. Color or race wh

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

6. (b) Name of husband or wife Sadie B. Clark

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan 1st 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 11 15 _____ hr. _____ min.

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

10. Usual occupation Defense Work

11. Industry or business Alcohol Plant

MOTHER FATHER

12. Name Thomas Clark

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

14. Maiden name Unknown

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

16. (a) Informant Sadie B. Clark

(b) Address 4115 Locust

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-18-44
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

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

(b) Address Kansas City Missouri

19. (a) 12-18-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16 year 1944 hour 11:15 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw Brown alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to _____

Due to 46 lb

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: History of Jaundice

Of operations _____

Of autopsy no

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)

(c) Means of injury _____

23. Signature James Waller (M. D. or other) Brown

Address 1924 W. 1st St. Date signed 12-17-44

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

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 *Chas. E. Wilks*.....

Licensed Embalmer No. *2644*.....

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.