

S. No. 2
M-5-43
5-17-39
I X36671

FILED JUN 25 1946
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 Days
 In this community 55 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Independence
(If outside city or town limits, write "RURAL")
 (d) Street No. 400 North Liberty
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN T. CLARK
 3. (b) If veteran, name war None
 3. (c) Social Security No. 487-12-5794
 4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Levena M. Clark
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased April 22 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 9th.
 year 1946 hour 7 minute 10 A. M.
 21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral hemorrhage
 Duration _____
 Due to Generalized arteriosclerosis
 Due to Fractured femur

8. AGE: Years 73 Months 1 Days 17
 If less than one day _____ hr. _____ min.

Other conditions 830
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy yes - as above

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

10. Usual occupation Retired Farmer
 11. Industry or business _____
 12. Name George Clark
 13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Lenena M. Clark
 (b) Address 1126 South Logan, Indep. Mo.
 17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 6/12/46
(Month) (Day) (Year)
 (c) Place: burial or cremation Woodlawn Cem
 18. (a) Signature of funeral director George C. Carson
 (b) Address Independence, Missouri
 19. (a) 6-12-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

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 J. M. Walker (M. D. or other) _____
 Address 1424 Spring Date signed 6-9-46

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

15069

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

Raymond N Martin

Licensed Embalmer No. *4150*

P. O. Address *Indys 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.