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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30199

FILED SEP 25 1946

Registration District No. 44 Primary Registration District No. 1002 Registrar's No. 3832

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: General Hospital No. 1 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 808 Winchester 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas Clark

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male C

5. Color or race Wh

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

6. (b) Name of husband or wife Josie Clark

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 11/10/1876 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	9	28	hr. min.

9. Birthplace Tuscumbia, Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business //

FATHER
12. Name Joel Clark
13. Birthplace Unk 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unk
15. Birthplace Unk. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josie Clark
(b) Address 808 Winchester

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director John P. Sheil
(b) Address K. C. Mo.

19. (a) 9-9-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8 year 1946 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 6, 1946 to Sept. 8, 1946 that I last saw him alive on Sept. 8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis with encephalomalacia — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83 C

Major findings: Of operations

Of autopsy See above

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? 0
While at work? (Specify type of place) (e) Means of injury

23. Signature Wm W Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 9-9-46

(Licensed Embalmer's Statement on Reverse Side)

A. Fitzwilliam

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 John P. Sheil

Licensed Embalmer No. 3625

P. O. Address R 6 Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.