

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1947
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1016
State File No. _____
Registrar's No. 37

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 Frank, Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 43 yrs - (Specify whether 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. 3123 - W - 42 st
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillie D. Clark
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm a Clark
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Feb - 7 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 27 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John H Craig

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

14. Maiden name E. Harris Elliott

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

16. (a) Informant Wm a Clark
(b) - Address 3123 - W - 42 st

17. (a) Burial (b) Date thereof Jan 7 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Wm C R Foster

(b) Address 918 Brooklyn

19. (a) 1-6-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th
year 1947 hour 8 minute 20 A.M.
21. I hereby certify that I attended the deceased from 9-15 1946 to Jan 4 1947.
that I last saw her alive on Jan 3 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of small bowel. Intestinal obstruction
Duration 1 year. 3 days

Due to _____
Due to 462
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Cancer of Small Intestine
Of operations _____
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? _____

(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature Ruth V. Staff (M. D. or other) MD
Address A.C. mo Date signed _____

JUN 6 1957

Gr. S-7114
1022.
Coyote Body

OCT 17 1957

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 Cortland Munn
Licensed Embalmer No. 3414
P. O. Address 918 Brooklyn

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.