

FILED FEB 24 1947
Registration District No. **149**

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 Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3938 Charlotte Ave., Kansas City, Missouri
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community 65 Years
years, months or days

3. (a) PRINT FULL NAME John P. Clark
3. (b) If veteran, None **3. (c) Social Security** None
name war No.

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, Married
divorced
6. (b) Name of husband or wife Mrs. Katie Clark
6. (c) Age of husband or wife if 78
alive **7. Birth date of deceased** June 24 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 17
If less than one day
 .hr. min.

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

10. Usual occupation Retired
11. Industry or business Water Dept. K.C. Mo.

12. Name Patrick F. Clark
13. Birthplace Ireland **4**
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Degnam
15. Birthplace Ireland **4**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katie Clark
(b) Address 3938 Charlotte Ave. K.C. Mo.

17. (a) Burial **(b) Date thereof** Feb. 14-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery, KC, Mo.

18. (a) Signature of funeral director Jos. A. Butler's Sons
(b) Address 22 South 18th. St. K.C. Mo.

19. (a) 2-13-47 **(b)** Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **48**
 (c) City or town Kansas City **5**
(If outside city or town limits, write "RURAL")
 (d) Street No. 3938 Charlotte Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
 year 1947 hour 6 minute 15 A.M.
21. I hereby certify that I attended the deceased from April
1942 **February 11**, 19 47
 that I last saw him alive on February 11, 19 47
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to Hypertension **304 years**

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

PHYSICIAN
 Major findings:
 Of operations 530
 Of autopsy _____
 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? _____

23. Signature J.W. Krieger M.D. (M. D. or other) **2**
While at work? (Specify type of place) (c) Means of injury
 Address 3526 Broadway, K.C. Mo. Date signed 2/12-47

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. 3264 Missouri

P. O. Address. Kansas City, 2 Kansas

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.