

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13395

FILED MAY 5 1947

State File No. _____

Registration District No. 1749

Primary Registration District No. 1002

Registrar's No. 1837

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 606 1/2 - E - 5 ST 1
(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 yrs (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 606 1/2 - E - 5 ST 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Edwin W. Clark

3. (b) If veteran, 72 days of Spanish War (c) Social Security name war Mr. S. Mary No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 21
year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-14 1947 to 4-21 1947
that I last saw him alive on 4-20 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertrude B. Clark 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept-10 1880
(Month) (Day) (Year)

Immediate cause of death Bronchial pneumonia

Due to Jt. + Bronchitis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 33a

Major findings: Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 66 Months 7 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Ky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Park Board - K.C.

12. Name Edwin Clark

13. Birthplace Ky 1
(City, town, or county) (State or foreign country)

14. Maiden name Matie Chick
(City, town, or county) (State or foreign country)

15. Birthplace Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Bertrude B. Clark

(b) Address 606 1/2 - E - 5 ST

17. (a) Removal (b) Date thereof Apr 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth Park

18. (a) Signature of funeral director Mr. C. L. Forster

(b) Address 915 Brooklyn

19. (a) 4-23-47 (b) Geraldine 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 D. M. Higgins (M. D. or other) MD
Address 925 Wyngate Bldg Date signed 4-23-47

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

MOTHER FATHER

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 Dean Owens

Licensed Embalmer No. 4280
P. O. Address Rt. 918 Brooklyn
Rt. 918, Me.

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.