

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17351

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2256

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. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether in this community _____ years, months or days) 45 YRS.

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. 1519 E. 13TH ST.
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN H. CLARK

3. (b) If veteran name war Spanish American War (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 9, year 1947 hour 9: minute 50 P. M.

21. I hereby certify that I attended the deceased from MAY 4, 1947 to MAY 9, 1947; that I last saw him IM alive on MAY 9, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death LOBAR PNEUMONIA Duration _____

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: AUGUST 18, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	8	18	hr. _____ min. _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace DADE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation PAINTER

11. Industry or business _____ Name ZACK CLARK

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

14. Maiden name LOUISE YANCEY

16. Informant DICIE BILLINGSLEY (NIECE)
Address 1204 PASEO

17. (a) Place: burial or cremation St. Mary's Catholic Church, St. Louis, Mo.
(b) Date thereof 5/23/47
(Month) (Day) (Year)

18. (a) Signature of funeral director Frank Holmes
(b) Address 1212 Olive St. St. Louis, Mo.

19. (a) 5-23-47 (Date received local registrar) (b) Frank Holmes (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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) _____ (e) Means of injury _____

23. Signature Frank Holmes (M. D. or other) M. D.
Address GENERAL HOSPITAL NO. 2 Date signed 5/10/47

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

MOTHER FATHER BY JULIE HOLLAND

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 E. Sterling Pills
Licensed Embalmer No. 3178
P. O. Address 1212 Pine K. Co.

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.

2256-47

June 12, 1947

A F F I D A V I T

This is to certify that my uncle, John H. Clark of 1519 E. 13th. Street, Kansas City, Missouri, who died May 9, 1947 at General Hospital #2 in Kansas City, Missouri, was a Spanish American War Veteran, although the death certificate indicates that he was not a veteran.

Signed: Mrs Mildred Alice Bellamy (Niece)

Barbara B. Vaughan
Notary Public

My Commission Expires Oct. 22, 1948

17351