S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 2 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41606

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5306

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

(d) Length of stay: In hospital or institution 4½ hrs. (Specify whether
In this community unknown.
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. 514½ Main 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Edward Clark

3. (b) If veteran, name war Do not know

3. (c) Social Security No. Do not know

4. Made 0

5. Color or White

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

6. (b) Name of husband or wife Do not know

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

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

8. AGE: Years 71 Months Days If less than one day hr. min.

9. Birthplace Do not know 1
(City, town, or county) (State or foreign country)

10. Usual occupation Do

11. Industry or business not

FATHER
12. Name 9
13. Birthplace 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name know 9
15. Birthplace 1
(City, town, or county) (State or foreign country)

16. (a) Informant General Hospital No 1
(b) Address Kansas City Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Calvary

18. (a) Signature of funeral director Passantino Bros
(b) Address 217 Indep. Blvd

19. (a) 12-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1947 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from 12-9-14, 1947, to 12-14, 1947; that I last saw him alive on 12-14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure and Pulmonary Edema (m.m.o.)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
111 C
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 12-15-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Bruce

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 Leonard Passantino, Registered Apprentice No. 62, working under my personal supervision.

Signed F. S. Walton

Licensed Embalmer No. 2744

P. O. Address Kansas City, MO

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.