

No. 2
1/47
17-39

FILED FEB 17 1948
Registration District No. **1002**

Primary Registration District No. **1002**

WRITE PLAINLY—USING 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: 902 E 13th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: Do not know (Specify whether years, months or days)

3. (a) PRINT FULL NAME James H. Clark

3. (b) If veteran, name war: Do not know 3. (c) Social Security No. 486-09-9252

4. Sex Male (b) Color or White
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: 1878
(Month) (Day) (Year)

8. AGE: 70 Years Months Days If less than one day
hr. min.

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

10. Usual occupation: Do not know

11. Industry or business: 9

MOTHER FATHER
12. Name: Do not know
13. Birthplace: Do not know (City, town, or county) (State or foreign country)
14. Maiden name: Do not know
15. Birthplace: Do not know (City, town, or county) (State or foreign country)

16. (a) Informant: Carmer officer
(b) Address: 12 C mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 2-48
(Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cemetery

18. (a) Signature of funeral director: Parantinos Bros
(b) Address: 12 C mo

19. (a) 2-2-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson
(c) City or town Kansas City mo
(If outside city or town limits, write "RURAL")
(d) Street No. 902 E 13th St
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1948 hour 10 minute 22 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis
Due to: _____
Due to: 92 St

Other conditions (including those within 3 months of death): Deputy Coroner
Major findings: History inspection
Of operations: _____
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? _____

23. Signature: A. E. Walker (M. D. or other) _____
While at work? _____ (Specify name of place)

Address: 2800 Main Date: 1/31/48

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

F. J. Walter

Licensed Embalmer No. 2744

P. O. Address K. C. 2710

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.