

No. 300  
10-47  
5-17-39  
P1 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED MAY 1 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13021

State File No. \_\_\_\_\_

Registration District No. 12-0

Primary Registration District No. 5874

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lake Lotowana (Lees Summit, Mo.)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Z 5 - Lake Lotowana  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Months (Specify whether years, months or days)

In this community 5 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME William E. Clark

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ethel Donne Clark

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased: 5 10 1881  
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 9 If less than one day hr. min.

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

10. Usual occupation Apartment Mgr.

11. Industry or business Walker Apts. 8th. & Highland

12. Name Edwin Clark

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

14. Maiden name Mary Cheatham

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

16. (a) Informant Mrs. Ethel Donne Clark

(b) Address Leasburg, Missouri

17. (a) Removal (b) Date thereof 4-21-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Missouri

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

(b) Address Kansas City, Missouri

19. (a) 4-20-48 (b) Donald C. Evershear  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clayton

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

(d) Street No. R.R. # 1 (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
year 1948 hour 12 minute 10 P.

21. I hereby certify that I attended the deceased from Sept 15, 1947, to April 19, 1948  
that I last saw him alive on April 19, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo pneumonia Duration 4 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Carcinoma of Stomach 8 months  
(Include pregnancy within 3 months of death)  
and mitral cardiac lesion

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy Pneumo pneumonia  
Carcinoma of Stomach, mitral insufficiency

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)

(c) Means of injury \_\_\_\_\_

23. Signature Arthur W. Smith (M. D. or other) MD

Address 2105 9th St Date signed 5-19-48

PHYSICIAN

Underline the cause to which death should be charged statistically

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

MOTHER FATHER

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**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 Robert A. Herrmann

Licensed Embalmer No.....

P. O. Address.....

**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.**