

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32831
4036

State File No.
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 2441 Park Avenue
(d) Length of stay: In hospital or institution 30 Years
In this community years, months or days

3. (a) PRINT FULL NAME Parthenia Clark
3. (b) If veteran, name war No
3. (c) Social Security No No

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Leslie Clark
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 7, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 27 hr. min.

9. Birthplace Columbia, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business
12. Name Nelson Brosius
13. Birthplace Gallatin, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Fisher
15. Birthplace Columbia, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Myers
(b) Address 2219 Brooklyn
17. (a) Removal (b) Date thereof 10/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth, Kansas
18. (a) Signature of funeral director Wattkins Bros.
(b) Address 1729 Lydia Avenue
19. (a) 10-5-48 (b) Elvoldine Holmes
(Date burial local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(d) Street No. 2441 Park Avenue
(e) Citizen of foreign country? NO
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 4th
year 1948 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 10-5-1947 to 10-4-1948
that I last saw her alive on 10-3-1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Condition
Due to Age 61

Due to Diabetic
Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations: none
Of autopsy: none
PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
23. Signature: F. J. Haugh, Sr.
Address: 2250 E. 18th
Date signed: 10-5-48

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

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 *J. Jerome Mallove*

Licensed Embalmer No. *3994*

P. O. Address *2513 Highland*

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.