

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40435

State File No.

FILED JAN 5 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>402</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. LENGTH OF STAY (In this place) <u>6 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Leis Summit</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 So. Pendleton</u>				d. STREET ADDRESS (If rural, give location) <u>404 So Douglas St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Rhoda Jane Clark</u>			a. (First) <u>Jane</u> b. (Middle) <u>Clark</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>12-17-48</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>9-6-1864</u>	
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>3</u> 11. DAYS <u>10</u> 12. HOURS <u>-</u> 13. MIN. <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Ind. / Ga</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		13a. FATHER'S NAME <u>Daniel Morrill</u>		13b. MOTHER'S MAIDEN NAME <u>Susannah</u>	
13c. NAME OF HUSBAND OR WIFE <u>C.W. Clark</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jack Clark</u>		17. ADDRESS <u>Leis Summit</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>196</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cyrtadenoma left carcinoma</u>				MEDICAL CERTIFICATION			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>carcinoma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>			
DUE TO (b) _____				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION			
19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>48</u> , to <u>16 Dec</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>16 Dec</u> , 19 <u>48</u> , and that death occurred at _____ m., from the causes and on the date stated above. <u>U</u>							
23a. SIGNATURE (Degree or title) <u>E. Haundery MD</u>				23b. ADDRESS <u>Independence</u>		23c. DATE SIGNED <u>17 Dec 48</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-19-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Randolph</u>		24d. LOCATION (City, town, or county) (State) <u>Iowa Randolph Iowa</u>	
DATE REC'D BY LOCAL REG. <u>12/19-48</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Leis Summit</u>	

Removal
Permit

67508317

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed W. B. Langford

Signed _____
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lees Summit

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.