

STANDARD CERTIFICATE OF DEATH

33484

State File No. 4200

FILED OCT 20 1951

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson b. CITY OR TOWN Kansas City c. LENGTH OF STAY 7 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City d. STREET ADDRESS 1228 Olive St

3. NAME OF DECEASED a. (First) Dolores b. (Middle) Florence c. (Last) Clark 4. DATE OF DEATH (Month) (Day) (Year) Sept. 28-1951 5. SEX Female 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never Married 8. DATE OF BIRTH July 28, 1934 9. AGE (In years last birthday) 17

10a. USUAL OCCUPATION Dishwasher 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTH PLACE (State or foreign country) Harrisburg, Pa. 12. CITIZEN OF WHAT COUNTRY U.S.A. 13a. FATHER'S NAME Lonnie Clark 13b. MOTHER'S MAIDEN NAME Laura Lowery 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. 498-32-8983 17. INFORMANT'S SIGNATURE OR NAME Mrs. Laura Clark - 1228 Olive

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Stroke & Hemorrhage ANTECEDENT CAUSES Morbid conditions of the heart due to rise to the above cause (a) stating the underlying cause last. DUE TO (a) Accidents II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 20194 31

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE OR HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Thos. Jones 23b. ADDRESS 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 10/3/1951 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cem. 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 10-3-51 REGISTRAR'S SIGNATURE Geraldine Holmes FUNERAL DIRECTOR'S SIGNATURE E. Sterling Bills ADDRESS 1212 Vine St

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

.....  
Student Embalmer No.....

.....  
Licensed Embalmer No. 2910

.....  
P. O. Address. R. E. 270

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.