

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16375**  
**2167**

FILED JUN 7 1952

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> <u>3088</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b> <u>0</u>	
c. LENGTH OF STAY (in this place) <b>40 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>318 NORTH KENSINGTON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RESEARCH HOSPITAL</b>			
3. NAME OF DECEASED a. (First) <b>GENEVIEVE</b>		b. (Middle) <b>P.</b>	
c. (Last) <b>CLARK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY-9-1952</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APR. 20-1878</b>
9. AGE (In years last birthday) <b>74</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		11. BIRTHPLACE (State or foreign country) <b>DETROIT, MICHIGAN</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>PAUL PLESSNER</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>ERNEST E. CLARK</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>MR. Ed. CLARK</b>		ADDRESS <b>4940 WALNUT K.C. Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Abdominal Carcinomatosis</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> <b>Carcinoma of Ovary</b> 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. <b>175*</b>	
19a. DATE OF OPERATION <b>10/10/51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Large Bowel Obstruction = Ca.</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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>10-8, 1951</u> to <u>5-9, 1952</u> , that I last saw the deceased alive on <u>5-9, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>E. A. Wilkinson</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>11332 Professional Bldg</b>	
23c. DATE SIGNED <b>5/10/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>MAY-12-1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>ELMWOOD CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>5-12-52</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>C.H. Blackman &amp; Son Inc. K.C. Mo.</b>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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.

Student Embalmer No.....

Signed.....

*Bert B. Bennett*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4656*

P. O. Address. *Kansas City*

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.