

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

31540
3965

State File No.

No. 300
10-48

FILED SEP 20 1952

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

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>GENERAL HOSPITAL # 2</u> | | d. STREET ADDRESS (If rural, give location) <u>2329 MONTGALL</u> | |

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|---|-------------------------|--------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>DAVID</u> | b. (Middle) <u>*****</u> | c. (Last) <u>CLARK</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER 5, 1952</u> |
|---|-------------------------|--------------------------|------------------------|--|

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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>NEGRO</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>APRIL 9, 1888</u> | 9. AGE (In years last birthday) <u>64</u> if UNDER 1 YEAR: Months <u>5</u> Days <u>27</u> if UNDER 12 HRS. Hours <u> </u> Min. <u> </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>ALABAMA</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>JOHN CLARK</u> | 13b. MOTHER'S MAIDEN NAME <u>CORNELIA ???????</u> | 14. NAME OF HUSBAND OR WIFE <u>JULIA</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>World War #2</u> | 16. SOCIAL SECURITY NO. <u> </u> | 17. INFORMANT'S SIGNATURE OR NAME <u>JULIA CLARK</u> | ADDRESS <u>2329 MONTGALL KCMO.</u> |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>33 1/2</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL VASCULAR ACCIDENT</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>BRONCHOPNEUMONIA</u> | | | |

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| 19a. DATE OF OPERATION <u>NONE</u> | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 AUGUST 28, 1952, to SEPT. 5, 1952, that I last saw the deceased alive on Sept. 5, 1952, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>E. Frank Ellis MD</u> | 23b. ADDRESS <u>600 E. 22ND. STREET</u> | 23c. DATE SIGNED <u>9-8-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u> | 24b. DATE <u>9-8-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u> |
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| DATE REC'D BY LOCAL REG. <u>9-8-52</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Becky Brown</u> | ADDRESS <u>1708 Tracy</u> |
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(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.....

....., Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

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.