

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13603  
Do not use this space.

1. PLACE OF DEATH *Jackson*  
 (a) County *Jackson* Registration District No. *399*  
 (b) Township *Haw* Primary Registration District No. *1002*  
 (c) City *K.C., Mo* (d) Street No. *2414 Jacobae* Registered No. *1583*  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME *William Clark* 462  
 (a) Residence, No. *2414 Jacobae* St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-4-1870*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*68 1 4*  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. *Common Laborer*  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kansas*  
 FATHER 13. NAME *Dudley Clark*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*  
 MOTHER 15. MAIDEN NAME *Don't know*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*  
 17. INFORMANT *Hella Long*  
 (ADDRESS) *1518 Quincy Hotel, Kans*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Blue Ridge* DATE *4-8-38*  
 19. FUNERAL DIRECTOR *Adkins Bros.*  
 (ADDRESS) *2000 E. 12th*  
 20. FILED *Apr. 13 1938* *M.M. Crowe*  
*Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-8-1938*  
 22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*, 19...  
 I last saw him/her alive on *30* 19... Death is said to have occurred on the date stated above, at *12 A.M.*  
 The principal cause of death and related causes of importance were as follows:  
*Coronary Occlusion* Date of onset  
*Sclerotic* *9/4/38*  
*Acute Pulmonary Edema*  
 Other contributory causes of importance:  
 Name of operation *None* Date of operation  
 What test confirmed diagnosis? *None* Was there an autopsy? *Yes*  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) *Amelbert* M.D.  
 (Address) *Blue Ridge*

No. every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Flynn + Greenstreet, Indt., Licensed Embalmer No. 2211

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward F. Evans

L. E.

No. 3836

or by

Registered Apprentice No.

working under my personal supervision.

Signed

J. G. Flynn

Licensed Embalmer No. 2211

**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.)**