

REC'D SEP 20 1938

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

29102  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
(b) Township Blue R. + N Primary Registration District No. 2554  
(c) City Independence (d) Street No. \_\_\_\_\_ Registered No. 226  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. 773 E. Green St.  (Usual place of abode; if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma J. Tankard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23 - 1891

7. AGE YEARS 47 MONTHS 6 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
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) Brooklyn New York

FATHER 13. NAME William Clark 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Ann Clark 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Francis Epuleon J.C. Cox & Kiger

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Grove DATE Aug 28 1938

19. FUNERAL DIRECTOR (ADDRESS) Watts & Spence - Independence, Mo.

20. FILED Aug 27 - 1938 J. L. Cook Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1938 to Aug 24 1938  
I last saw her alive on Aug 24 1938. Death is said to have occurred on the date stated above, at 6:50 p.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (apoplexy) Date of onset 8-23-38  
gjk

Other contributory causes of importance: Essential Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_  
(Signed) Ethel Watson, M. D.  
(Address) 403-9 Fairbairn Bldg. Independence, Mo.

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, Roland R. Speaks, Licensed Embalmer No. 3604

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Roland R. Speaks  
Licensed Embalmer No. 3604

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**