REC'D MAR 20 1939

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

6737
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 398
(b) Township — Primary Registration District No. 3019 — Registered No. 68
(c) City Independence — (d) Street No. 602 E. Kansas St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Mrs Ida Kate Clark
(a) Residence, No. 602 E. Kansas 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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 23 - 1865
7. AGE: 73 YEARS — MONTHS: 10 — DAYS: 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: at home
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): Jackson County Missouri

FATHER
13. NAME: Thomas Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: no record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): no record

17. INFORMANT (ADDRESS): George L. Clark Independence Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Buckner, Mo. DATE Feb. 24, 1939
19. FUNERAL DIRECTOR (ADDRESS): George C. Carson Independence, Mo.
20. FILED 2-27, 1939. F. L. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-22, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dy Coroner, 19....
I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

Myocardial Failure
acute Dilatation

Date of onset

Other contributory causes of importance:
Cardiac Asthma

Name of operation: none — Date of
What test confirmed diagnosis? autopsy & observation — 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?
If so, specify
(Signed) J Lombar, M. D.
(Address) Dy Coroner

(Licensed Embalmer's Statement on Reverse Side)

N. B.—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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)