

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

24710

Do not use this space.

2923

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1000 Registered No. 2923
 (c) City Kansas City, Missouri (d) Street No. Menorah Hospital, K.C.Mo. 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

(a) Residence, No. 462 Helen Clark St. (If nonresident, give city or town and State)
 Usual place of abode, if no street address, write county or city

PERSONAL AND STATISTICAL PARTICULARS

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 Clyde M. Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20th, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 4 29

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. Housewife
 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) Missouri

FATHER 13. NAME Fred Crouch

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Grace Hulin

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Hulbert Funeral Home,
 (ADDRESS) Joplin, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin, Mo. DATE July 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C.L. Forster
918 Brooklyn Avenue, K.C.Mo.

20. FILED July 19, 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19th, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1939, to July 19, 1939
 I last saw him alive on July 14, 1939 Death is said to have occurred on the date stated above, at Midnight
 The principal cause of death and related causes of importance were as follows:

Subacute Endocarditis
Shrapnel in chest
Blood culture N.B.O.

Other contributory causes of importance:
 Name of operation not Date of not
 What test confirmed diagnosis? Relatively 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 not
 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 not
 Nature of injury not

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify not
 (Signed) Dr. [Signature], M. D.
 (Address) 1610 [Address]

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.

Dr. W. H. H. H.
Phone Ha 6399

1 p.m.
10/10

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.....
....., Registered Apprentice No.....
working under my personal supervision.

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, above space should be left blank.