

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV. 21-1939
1 X19311

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38661**
4425
Registrar's No. _____

DEC 11 1939

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **2**
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1627 Myrtle**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **50 Yrs.**
years, months or days)

3. (a) PRINT FULL NAME **MARGARET A. CLARK U.S. 2**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Hugh Clark** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **September 8, 1851**
(Month) (Day) (Year)

8. AGE: Years **88** Months **2** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____
MOTHER FATHER { 12. Name **John Lynch** **5**
13. Birthplace **Ireland** **5**
(City, town, or county) (State or foreign country)
14. Maiden name **Bridget McCan**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **two Rose Keeling**
(b) Address **5609 East 23**

17. (a) **Burial** (b) Date thereof **11-21-39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Mary's Cemetery**

18. (a) Signature of funeral director **Quigley & Johnson Co**
(b) Address **R. C. Mc**

19. (a) **Nov 20 1939** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1627 Myrtle**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov 18** day **Nov**
year **1939** hour **8** minute **0** M.
21. I hereby certify that I attended the deceased from **Nov 11th**
1939, to **Nov 18**, 19**39**
that I last saw **h** alive on **Nov 18**, 19**39**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchitis**
Pneumonia
Due to _____

Due to **1070**
Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings: **none**
Of operations **none**
Of autopsy **none**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **1**

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature **L. M. Celenow** (M. D. or other)
Address **615 Argyle Bldg** Date signed **11/20/39**

Dr. L. M. Callaway
Argyle Bldg.
2-6

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 Maurice M. Quirk

Licensed Embalmer No. 2226

P. O. Address H. C. Co.

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.