

Registration District No. **399** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (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:
Emerson Hotel-Linwood & Garfield
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 years, months or days
(Specify whether)
 In this community 40 years, months or days

8. (a) PRINT FULL NAME Mrs. Martha Metzler Clark
 3. (b) If veteran, name war None 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 Dr. C. E. Clark 6. (c) Age of husband or wife if alive Dec. 29, 1861 years
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u> <u>9</u>	<u>2</u>	<u>21</u>	hr. min.

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

10. Usual occupation Christian Science

11. Industry or business Practioner

MOTHER FATHER
 12. Name Unk. Metzler
 13. Birthplace Unk.
(City, town, or county) (State or foreign country)
 14. Maiden name Harriett Lenhart
 15. Birthplace Unk.
(City, town, or county) (State or foreign country)

16. (a) Informant Lulu D. Davis
 (b) Address 950 Duval Bldg

17. (a) Burial (b) Date thereof March 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Wiscomer's Sons
 (b) Address 1401 Brush Creek Blvd.

19. (a) 3-20-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 3 day 19 year 40
 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 7:00 P.
perpetually alive on _____, 19____; and death occurred on the date and hour stated above.
 Immediate cause of death _____

Generalized Toxemia
Cellulitis of both lower extremities
Venous ulcers - both legs
 Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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? _____

23. Signature M. M. Crowe (M. D. or other) _____
 Address K. C. Mo Date signed _____
(Specify type of place) (Means of injury)

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 *R C Newcomer*

Licensed Embalmer No. 4043

P. O. Address R C Mo.

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.