No. 2
-10-39
7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 5 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27744

Registrar's No. 3378

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:
3263 Agnes Avenue 2)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----
(Specify whether
In this community 35 Years
years, months or days)

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. 3263 Agnes Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME Mr. Elmer Howard Clark

3. (b) If veteran, name war No

3. (c) Social Security No. 487-01-1341

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Nora Clark

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May (Month) 30 (Day) 1884 (Year)

8. AGE: Years 56 Months 2 Days 28 If less than one day ____ hr. ____ min.

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

10. Usual occupation Electrical Contractor

11. Industry or business Crescent Electric Company

MOTHER FATHER

12. Name Oscar H. Clark

13. Birthplace Putnamville (City, town, or county) Indiana (State or foreign country)

14. Maiden name Rebeca E. Davis

15. Birthplace Boston (City, town, or county) Massachusetts (State or foreign country)

16. (a) Informant Mrs E H Clark

(b) Address 3263 Agnes Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation/ Mt. Moriah Cemetery

18. (a) Signature of funeral director O. H. Newcomb's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Aug. 28, 1940 (Date received local registrar) (b) Mo M. Crouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th year 1940 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from February 14, 1938, to August 27, 1940 that I last saw him alive on August 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 72 hrs.
Diabetes Mellitus — 8 yrs.

Due to Hypertension Diabetes

Due to 54

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) No

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Frank J. Ridge (M. D. or other)

Address 310 Alameda Bldg. Date signed 8-28-40

(Licensed Embalmer's Statement on Reverse Side) RC Mo.

2/4 Olga [illegible]
315 Alameda Road

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 George M. Collie

Licensed Embalmer No. 3839

P. O. Address K. C. Mo.

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

If this body is not embalmed, above space should be left blank.