

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.

FILED MAY 16 1941

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

13368  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Raw Primary Registration District No. 120  
(c) City Kansas City (d) Street No. Research Hospital Registered No. 1349  
(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. Platte Co. Mo. St. Platte Co. Mo.  
(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 Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles R. Blackwell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22, 1871  
7. AGE YEARS 69 MONTHS 6 DAYS 13 If LESS than 1 day, hrs. or min.  
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) Jones Co. Iowa  
13. NAME Frederick F. Clark  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumbersburg Md.  
15. MAIDEN NAME Catherine Hegman  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumbersburg Md.  
17. INFORMANT (ADDRESS) Mrs. Wayne Elgin Platte City, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City, Mo. DATE 4-7-1941  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. F. Rollins Platte City, Mo.  
20. FILED Apr 6, 1941 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1941  
22. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Chronic cholecystectomy  
cholelithiasis  
Biliary fistula (cholecystectomy)  
Chronic pancreatitis  
Other contributory causes of importance:  
Cystoma of kidney (papillary)  
Renocarcinoma  
Hypostatic pneumonia  
Name of operation Cholecystectomy Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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) David D. Stump, M. D.  
(Address) Research Hospital Kansas City, Mo.  
(Pathologist)

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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, .....

*E. Benjamin East*

, or by .....

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

Signed .....

*E. Benjamin East*

Licensed Embalmer No. ....

*4859*

P. O. Address .....

*Platts City, 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.**