No. 2-
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17219

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1881

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1013 Forest Ave

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1013 Forest
(If rural, give location)
(e) If foreign born, how long in U. S. A.? All Life years. 0

3. (a) PRINT FULL NAME MARTHA J CLARK

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 78 Months — Days — If less than one day hr. min.

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

10. Usual occupation Nurse

11. Industry or business

MOTHER FATHER
12. Name George L. Williams
13. Birthplace (City, town, or county) Virginia (State or foreign country)
14. Maiden name Mary Jane
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Eva Williams
(b) Address 1404½ Brooklyn Ave

17. (a) (Burial, cremation, or removal) (b) Date thereof May 14-41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. A. Thrasher
(b) Address 2512 Holmes St

19. (a) May 13 1941 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11-41 year hour minute 950 a.m.

21. I hereby certify that I attended the deceased from Jan 1-41, 19..., to May 11-41, 19...; that I last saw alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute pulmonary edema and congestion
Due to
Due to Fractured ribs (left) 1½ hr
Other conditions (Include pregnancy within 3 months of death)
Automobile traumatism 1½ hr
Major findings:
Of operations
Of autopsy yes

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) Accident 123
(b) Date of occurrence 5-8-41
(c) Where did injury occur? K. C. (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Pedestrian Katy Street (Specify type of place)
While at work? (Specify type of injury)

23. Signature Arthur H. Parker (M. D. or other) 3
Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 C A Thurman

Licensed Embalmer No. 2361

P. O. Address 2512 Halsted

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

If this body is not embalmed, fact should be so stated above.