

No. 2
-4-41
17-39
X28390

FILED OCT 13 1941
Registration District No. **299**

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 Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether)

In this community 40 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 4136 Tracy Avenue **8**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -----

3. (a) PRINT FULL NAME Mr. Thomas Jefferson Clark

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th
year 1941 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from Sept 7, 1941
to Sept 18, 1941
that I last saw him alive on Sept 15, 1941
and that death occurred on the date and hour stated above.

4. Sex Male (1) 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Ardela P.C. Clark

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

7. Birth date of deceased: October 22 1874
(Month) (Day) (Year)

Immediate cause of death Acute Coronary Thrombosis **17 days**

Due to Coronary Atherosclerosis **1 year**

8. AGE: Years Months Days If less than one day

66 10 27 hr. min.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None findings

9. Birthplace Blue Springs Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Business

11. Industry or business H. R. Ennis Realty Company

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

MOTHER FATHER

12. Name David Clark

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Harris

15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Clark

(b) Address 4136 Tracy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 20, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs, Missouri

18. (a) Signature of funeral directors D. H. Newcomer Solo

(b) Address 1401 Brush Creek Blvd.

19. (a) 9/20/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

23. Signature Paul W. Way M.D. (M. D. or other) **0**

Address Kansas City, Mo Date signed 9-19-41

2-4
4-2
Ch...

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..... *H. C. Newcome*

Licensed Embalmer No..... *4043*

P. O. Address..... *K.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, fact should be so stated above.