

No. 2  
-1-4-41  
-17-39  
X26390

State File No.

Registrar's No.

Registration District No. 377

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County Jackson, Mo  
(b) City or town Kansas City, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Menorah Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 hrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Inf. Clarke  
3. (b) If veteran, name war —  
3. (c) Social Security No. —

4. Sex Female 5. Color or race Wht.  
6. (a) Single,  Married,  Divorced Infant  
6. (b) Name of husband or wife —  
6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased 11-6-41  
(Month) (Day) (Year)

8. AGE: Years — Months — Days — If less than one day 7 hr. — min.

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

10. Usual occupation Infant

11. Industry or business —

12. Name Charles Edward Clarke  
13. Birthplace Kansas City, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephine White  
15. Birthplace Kansas City, Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address Menorah Hospit  
17. (a) Burial (b) Date thereof 12-4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Speed of

18. (a) Signature of funeral director Wm A Johnson  
(b) Address 1273 E. Sunnyside  
19. (a) 12/3/41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo. 049  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2933 Spruce  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6  
year 1941 hour 7 minute 15 P.M.  
21. I hereby certify that I attended the deceased from 11-6-41 to 11-6-41  
that I last saw him or alive on 11-6-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis both lungs  
Due to Enlarged Thyroids  
Due to 14  
Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations —  
Of autopsy Enlarged Thyroids  
Atelectasis

Duration  
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) —  
(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 Neal L. Moody (M. D. or other) 0  
Address 1420 Business Bldg Date signed 12/4/41

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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**