S. No. 2
M—9-4-41
7. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1338 19

Primary Registration District No. 1002

Registrar's No.

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: 5027 Agnes Avenue /
(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: 45 Years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 5027 Agnes Avenue
(If rural, give location)

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

If yes, name country: ------

3. (a) PRINT FULL NAME: Mr. Clarence Albert Mark

3. (b) If veteran, name war: No

3. (c) Social Security No. 487-09-2296

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Jennie L. Mark

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: July (Month) 8 (Day) 1890 (Year)

8. AGE: Years 51 Months 5 Days 25 If less than one day ____ hr. ____ min.

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

10. Usual occupation: Sheet Metal Worker

11. Industry or business:

FATHER
12. Name: Joseph E. Mark
13. Birthplace: Near Robinson (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name: Edwina Cotty
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Jennie L. Mark
(b) Address: 5027 Agnes Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 3, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cemetery

18. (a) Signature of funeral director: O. H. Newcomer's Son
(b) Address: 1401 Brush Creek Blvd.

19. (a) 1/3/42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 2nd year: 1942 hour: 5 minute: A. M.

21. I hereby certify that I attended the deceased from Sept 10 1941 to Jan 2 1942 that I last saw him alive on Jan 1 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease c̄ Failure	4 mo.
Due to: Malignant Hypertension	5 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 93D
Of autopsy: 93D

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: E. A. Wilkinson (M. D. or other) M.D.
Address: 1103 Grand Ave. Date signed: 1-2-42

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(Licensed Embalmer's Statement on Reverse Side)

1332 Professional Bldg.
2-4-30

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. O. Newcomer Jr.

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.