. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5249

FILED MAR 9 1942 399

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 448

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:
3907 Wabash Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3907 Wabash Avenue
(If rural, give location)

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

If yes, name country --

3. (a) PRINT FULL NAME Mr. Carl George Clark

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Ella Clark

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased April (Month) 24 (Day) 1890 (Year)

8. AGE: Years 51 | Months 9 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace North of Savannah (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Federal Meat Inspector

11. Industry or business B.A.I., U. S. Government

FATHER
12. Name Albert Clark
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Dorell
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Carl C Clark
(b) Address 5039 Montgall ave.

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

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 2-2-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31
year 1942 hour 9 minute 2 P.M.

21. I hereby certify that I attended the deceased from Feb 2, 1941, to Jan 31, 1942;
that I last saw him alive on Jan 31, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	30 min
Due to Myocarditis Chronic & Endocarditis	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Clyde Switzer (M.D. ~~or other~~)
Address 636 Orgyle Bldg Kansas City Mo. Date signed 1-31-42

361 (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. Hervey Dusenberry

Licensed Embalmer No. 4070

P. O. Address D. C. Md.

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.