

Registration District No. **389**

Primary Registration District No. **1003**

Registrar's No. **964**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (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: **3216 Victor**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)
 In this community **33 Yrs.**

3. (a) PRINT FULL NAME **Harold E. 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 **Marie Clark** 6. (c) Age of husband or wife if alive **36** years
 7. Birth date of deceased **May 25th, 1908**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	33	9	11	hr. min.

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

10. Usual occupation **Kansas City Police Dept.**

11. Industry or business **Kansas City Police Dept.**
 12. Name **Leslie Clark**
 13. Birthplace **Kansas**
(City, town, or county) (State or foreign country)
 14. Maiden name **Viola Boher**
 15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **James E. Clark**
 (b) Address **2911 East 35th Street.**

17. (a) **Burial** (b) Date thereof **3/9/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Elmwood Cemetery.**

18. (a) Signature of funeral director **Melody-McGilley.**
 (b) Address **K. C. Mo.**

19. (a) **3/9/42** (b) **M. M. Crowe**
(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.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3216 Victor**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **3** day **6** 19**42**
 year hour minute M.

21. I hereby certify that I attended the deceased from **5:00 a.m.**
 that I have seen him alive on **3/6/42** 19**42**
 and that he died on the date and hour stated above.
 Immediate cause of death **Lobar pneumonia**

Due to **Lobar pneumonia**
 Due to **108**
 Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations
 Of autopsy **gs**
 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?

While at work? (Specify type of place)
 23. Signature **M. M. Crowe** (M. D. or other)
 Address **K.C. Mo.** Date signed

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

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. 267 working under my personal supervision.

Signed _____

Licensed Embalmer No. 2995

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.