

FILED APR 1 1942
Registration District No. **399**

Primary Registration District No. **1002**

248
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **K. General Hosp. No. 1**
(d) Length of stay: In hospital or institution **2 days**
In this community **Two Weeks**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **802 Main St.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **FRANK CLARK**
(b) If veteran, name war **World War I**
(c) Social Security No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **14th**
year **1942** hour **7** minute **05 A.M.**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife **NONE**
6. (c) Age of husband or wife if alive **NONE** years
7. Birth date of deceased **Nov. 9, 1884**

21. I hereby certify that I attended the deceased from **3-12-42** to **3-14-42**
that I last saw him alive on **3-14-42**
and that death occurred on the date and hour stated above.

8. AGE: Years **53** Months **4** Days **5**
If less than one day hr. min.

Immediate cause of death: **Ruptured Duodenal Ulcer; Peritonitis;**
Due to **Shock.**
Due to **117 B'**

9. Birthplace **Kansas City** **Missouri**

10. Usual occupation **Laborer**

11. Industry or business **None**

12. Name **Mose Clark**

13. Birthplace **No Record** **Michigan**

14. Maiden name **Mary McGee**

15. Birthplace **No Record** **PENN.**

16. (a) Informant **Mrs. Catherine Nalbow**

(b) Address **4115 Kessler**

17. (a) **Burial** (b) Date thereof **March 17 1942**

(c) Place: burial or cremation **Wadsworth, Kansas**

18. (a) Signature of funeral director **Walter J. Marshall**

(b) Address **1901 13th Blvd. N.E.K.**

19. (a) **2/15/42** (b) **M. M. Kerrow**

Other conditions: **None**
Major findings: **None**
Of operations: **None**
Of autopsy: **None**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **James R. Hon** (M. D. or other) **U**
Address **Med. Dir. K. G. Gen. Hospital** Date signed _____

Duration
Underline the cause to which death should be charged statistically.

DATE
TIME

EMBALMER

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 Jimmy S. Huckschorn
Licensed Embalmer No. 4092
P. O. Address W.C. Kamae

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.