

FILE NO. 291949

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1937

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

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, institution, or other place Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
Specify whether

In this community about 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. 1408 Vine St
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME ALLEN CLARK

3. (b) If veteran, name war no

3. (c) Social Security No. 487-01-0065

4. Sex Male

5. Color or race nepr

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

6. (b) Name of husband or wife Emma Clark

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

7. Birth date of deceased: October 4-1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 10
If less than one day

9. Birthplace: Macon Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business Montgomery Ward & Co

12. Name Allen Clark

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Clark

(b) Address 1408 Vine St

17. (a) Burial (b) Date thereof 5-19-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1712 1/2 Olive St

19. (a) 5-18-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1942 hour 5:30 AM M.

21. I hereby certify that I attended the deceased from May 4, 1942 to May 14, 1942
that I last saw him alive on May 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Peptic Ulcer
Pyloric (Stomach) Obstruction

Due to: Peptic Ulcer

Due to: 117a

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: See diagnosis

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? No (Specify type of place)

Means of injury D

23. Signature Royce B. Fleming M. D. (Seal)

Address 210 Euclid Bldg Date signed 5/18

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 *E. Sterling Wells*

Licensed Embalmer No. *3178*

P.O. Address *7811 1/2 7th Ave*

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.