S. No. 2
M—9-4-41
7. 5-17-39
I X29484

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

20211

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2317

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:
K.C.General Hospital No.1 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1610 West 41st St. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 6

If yes, name country

3. (a) PRINT FULL NAME Mary E.Clark

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased January (Month) 24 (Day) 1845 (Year)

8. AGE: Years 97 Months 4 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Latrobe (City, town, or county) Penn. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name William Mansfield
13. Birthplace No Record (City, town, or county) No Record 1 (State or foreign country)

MOTHER
14. Maiden name Martha ?
15. Birthplace No Record (City, town, or county) No Record 1 (State or foreign country)

16. (a) Informant Roy M. Clark
(b) Address 1610 W. 41st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 16 (Day) 1942 (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Gates Funeral Home
(b) Address 1901 Olathe Blvd. K.C.K.

19. (a) 6-15-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Junec day 14th
year 1942 hour 4 minute 25 A.M. M.

21. I hereby certify that I attended the deceased from 6-6-42, 19..., to 6-14-42, 19...
that I last saw her alive on 2-14-42, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death
Pyelitis and senility;
Olf fracture of femur

Due to

Due to 1866

Other conditions 17
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy
None

Duration

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) Acc 123
(b) Date of occurrence 9 - 4 - 41
(c) Where did injury occur? K C (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place (Specify type of place) Knocked
While at work? (e) Means of injury down by Pedestrian

23. Signature Quincy R. Thomas (M. D. or other)
Address Med.Dir.K.C.General Hospital Date signed 6-15-42

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(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 Jimmy S. Huckshaw

Licensed Embalmer No. 4092

P. O. Address K. C. Kansas

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.