

FILED SEP 14 1942
Registration District No. **46**

Primary Registration District No. **3026**

Registrar's No. **228**

1. PLACE OF DEATH:

(a) County Jackson Independence Co.

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr (Specify whether years, months or days)

In this community 1 hour

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural Inter City Dist.
(If outside city or town limits, write "RURAL")

(d) Street No. 1905 Skeleton Independence Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME INFANT CLARK

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race wh

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased 8 31 1942
(Month) (Day) (Year)

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

1 hr. min.

9. Birthplace Independence Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER

12. Name Richard Wayne Clark

13. Birthplace Conway Springs Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Doria Devore

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

16. (a) Informant Richard Wayne Clark

(b) Address 1905 Skeleton - Indep. Mo

17. (a) Removal Removal (b) Date thereof 8 31 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodward Okla

18. (a) Signature of funeral director George M. Callin

(b) Address 1103 W. 1st St. Indep. Mo

19. (a) 8-31-42 (b) James W. Rosa
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 30 year 1942 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from Birth aug 31 10:00 AM 1942 to aug 31 11:00 AM 1942 that I last saw him alive on aug 31 1942 and that death occurred on the date and hour stated above.

Immediate cause of death premature Birth at 6 1/2 mos gestation

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 159

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?.....

While at work? (Specify type of place).....

(e) Means of injury.....

23. Signature J. G. Olshal (M. D. or other).....

Address 10307 Chesley Ave Date signed 8-31-42

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

48
4
4

48

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

George M. Collins

Licensed Embalmer No. 3839

P. O. Address W. C. Mo.

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.