

FILED DEC 18 1942

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4580

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. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
In this community 15 yrs (Specify whether 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. 1218 Forest
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Lucille Clark

3. (b) If veteran, name war. ---

3. (c) Social Security No. none

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. 0

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

7. Birth date of deceased March 16th 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 8 24 hr. min.

9. Birthplace New Liberty Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laundry work

11. Industry or business retired

12. Name Eugene A. Clark

13. Birthplace Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Jane Warren

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K.C. Gen. Hospital

17. (a) Burial (b) Date thereof 12/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bay Lake, Ark, Mo

18. (a) Signature of funeral director Chas. Archer

(b) Address 2 South Mo

19. (a) 12-10-42 (b) M. T. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10th
year 1942 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from 11-28-42, 19... to 12-10-42, 19...
that I last saw her alive on 12-10-42, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc Dorsalis
Bronchopneumonia
Due to...
Due to... 3000
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations...
Of autopsy See above

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) (a) Years of injury 0
23. Signature Amey P. Stone (M. D. or other)
Med. Dir. K.C. Gen. Hospital, K.C. Mo.
Address Date signed

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

MOTHER, FATHER

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.....

Edgar Archer

Licensed Embalmer No.

3311

P. O. Address.....

Liberty, 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.