

40487

State File No. _____

Registrar's No. 101

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

No. 2
9-4-41
17-39
X29484

FILED JAN 13 1942

Primary Registration District No. 5289

Registration District No. _____

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

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty Mo
(c) Name of hospital or institution R.R. # 2 Maple Park Gardens
(d) Length of stay: In hospital or institution 20 yrs.
In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty Mo.
(d) Street No. R.R. # 2 Maple Park Gardens
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME MARY EMMA CLARK

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 1868

7. Birth date of deceased Dec 28 1868

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>11</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Mitchellville Iowa

10. Usual occupation at home

11. Industry or business _____

12. Name P. H. Humphrey
13. Birthplace Louisville Ohio

14. Maiden name Elena S. Sharp
15. Birthplace Cincinnati Ohio

16. (a) Informant Fred F. De Soto
(b) Address 1240 Washington N.E. Mo.

17. (a) Burial (b) Date thereof 12/14/42
(c) Place of burial or cremation MT Hope Cem. N.E. Mo.

18. (a) Signature of funeral director Walter General
(b) Address North Kansas City Mo.
(c) Date received local registrar Dec 14 1942

19. (a) P. H. De Soto (b) P. H. De Soto
(c) Reg. 51, Liberty

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11th 1942
year _____ hour 10:30 minute P. M. _____

21. I hereby certify that I attended the deceased from Dec 8 1942
to Dec 11 1942
that I last saw her alive on Dec 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Senility
Due to Senility

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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 P. H. De Soto (M. D. or other) _____
Address N.E. Mo. Date signed 12/14/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

10-21

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

Set File Number

1-11-43

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

Walter E. Hodges

Licensed Embalmer No.

2729

P. O. Address

North K. 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40487

Registration District No. 72

Primary Registration District No. 5-289

Registrar's No. 101

1. PLACE OF DEATH

(a) County clay
(b) City or town Patton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County clay
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Emma Clark

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race orr 6. (a) Single, widowed, married, divorced md

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

7. Birth date of deceased Dec 28 - 1868
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 12 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day _____ Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I first saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia Chronic
severe

Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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)

(b) 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 W. H. Johnson (M. D. or other)

Address P.O., mo Date signed 12/28/42

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

SUPPLEMENTARY

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

