

S. No. 2  
M-5-42  
5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 273

FILED JAN 30 1943  
Registration District No. 149

Primary Registration District No. 1002

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 or institution: Wheatley Provident Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
(Specify whether  
In this community 32 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Missouri East  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1004 East 16th, 3rd F. E.  
1016 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Winzer D. Clark

3. (b) If veteran, name war None 3. (c) Social Security No. 487-16-1505

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

6. (b) Name of husband or wife Artie Clark 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 6 1881  
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Common Laborer

11. Industry or business \_\_\_\_\_

12. Name Newson Clark

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

14. Maiden name: Julia

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

16. (a) Informant Matilda Payne

(b) Address 1124 Locust, Topeka, Kansas

17. (a) burial (b) Date thereof 1/19/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Healands Cem. /

18. (a) Signature of funeral director Wattkins Bros  
(b) Address 1729 Lydia

19. (a) 1-19-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11 year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-11-43 to 1-11-43 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia  
refused lifting  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions no (Include pregnancy within 3 months of death)

Major findings: none  
Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence no  
(c) Where did injury occur? no  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Month of injury no

23. Signature Henry B. Lyons M. D. or other \_\_\_\_\_  
Address 1605-8-187 Date signed 1-14-43

4602

MOTHER FATHER

*A. B. Lyman*

**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

*J. J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2573 Highland*

**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.**