No. 2
—5-42
5-17-39
FILED MAR 15 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5072

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1064

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:
7528 Grand Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------- (Specify whether
In this community 26 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 7528 Grand Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country --

3. (a) PRINT FULL NAME Mrs. Mary Evelyn Drumm Clark

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. Mr. Henry Clark

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

7. Birth date of deceased May (Month) 4 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	9	24	hr. min.

9. Birthplace Berry (City, town, or county) Canada 2 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name George Crampton
13. Birthplace (City, town, or county) Canada 2 (State or foreign country)

MOTHER
14. Maiden name Mary Lyon
15. Birthplace (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant Mrs Raymond Page
(b) Address 4431 Cambridge KC Ks

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March, 2, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd

19. (a) 3-2-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th year 1943 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from Nov. 2, 1942 to 2/26, 1943 that I last saw her alive on 2/26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. myocarditis	6 mo
Due to: arteriosclerosis	several years
Due to: 9 [illegible]	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: None	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. F. Fessin (M. D. or other) MD

Address 907 Rialto Bldg Date signed 3/1/43

(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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address 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.