

FILED MAR 26 1943

Registration District No. **150**

Primary Registration District No. **4239**

Registrar's No. **20**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Leis Summit**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**600 Hearne ave**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **24 yrs** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **CHARLES W. CLARK**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **720**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Rhoda Clark** 6. (c) Age of husband or wife if alive **75** years  
7. Birth date of deceased **Sept 26 1868**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **6** Days **7** If less than one day hr. min.

9. Birthplace **Cleveland Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer & Postman**

11. Industry or business **Retired**

MOTHER FATHER

12. Name **Oscar Clark**

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

14. Maiden name **Mary Bader**

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

16. (a) Informant **Dr. Rhoda Clark**

(b) Address **Leis Summit Mo.**

17. (a) **Removal** (b) Date thereof **Mar 5 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Randolph Iowa**

18. (a) Signature of funeral director **F. M. Schick**

(b) Address **Leis Summit**

19. (a) **Mar 4 1943** (b) **F. M. Schick** by **Ellie Schick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Leis Summit**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **600 Hearne ave**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **23**  
year **1943** hour **5** minute **A** M.

21. I hereby certify that I attended the deceased from **2-24** 19**43** to **3-2** 19**43**

that I last saw him alive on **3-2** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **8 da**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **94a**  
(Include pregnancy within 3 months of death)

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 \_\_\_\_\_

3. Signature **F. M. Schick** (M. D. or other) **Yes**

Address **Leis Summit Mo** Date signed **3/4/43**

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

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**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..... *F. M. Schick* .....

Licensed Embalmer No. *1856* .....

P. O. Address..... *Lee Sumner* .....

**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.**