

13092

No. 2  
5-42

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

MAY 5 1943

Registrar's No. 1721

Registration District No. 149

Primary Registration District No. 1002

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: St. Lukes Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks  
(Specify whether years, months or days)

In this community 4 Weeks

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County 14

(c) City or town Hill City  
(If outside city or town limits, write "RURAL") 0

(d) Street No. ....  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country .....

3. (a) PRINT FULL NAME Mrs. Junietta Clark

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles E. Clark

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Feb 6, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 2 4 hr. .... min.

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

10. Usual occupation At Home

11. Industry or business .....

MOTHER FATHER { 12. Name Otis F. Personett

{ 13. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth M. Bailey

{ 15. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant E. S. Mellor

(b) Address 734 East 71st Terrace

17. (a) Removal (b) Date thereof 4-11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill City, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 4-11-43 (b) M. N. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10  
year 1943 hour 6 minute 30 AM

21. I hereby certify that I attended the deceased from Mar 15, 1943 to April 10, 1943  
that I last saw her alive on April 9, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to 43 H

Due to .....

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

PHYSICIAN

Major findings: Of operations

Of autopsy .....

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work ..... (Specify type of place)

(2) Means of injury .....

23. Signature George O. Bee (M. D. or other) .....

Address 1630 Prof. Bedy Date signed 4/10/43

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

*Mr. George O. Lee  
1630 Englewood*

**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 *Clarence W. Chelms*  
Licensed Embalmer No. *2473*  
P. O. Address *Keemo*

**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.**