V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20290

State File No.

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 2882

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: 4027 Locust /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

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

(d) Street No. 4027 Locust St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs Katherine Mae Clark

3. (b) If veteran, name war No

3. (c) Social Security No. #486-09-3262

4. Sex Female

5. Color or race White 1

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

6. (b) Name of husband or wife Edward J. Clark

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

7. Birth date of deceased July 17, 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation Elevator Operator

11. Industry or business Finance Bldg.

FATHER
12. Name Martin O'Connell
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary O'Brien
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ethelyn F. Clark
(b) Address 4027 Locust St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Thos. E. Quirk Funeral Home
(b) Address 4316 Troost Ave.

19. (a) 6-29-43 (Date received local registrar) (b) D. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th. year 1943 hour 4 A.M. minute M.

21. I hereby certify that I attended the deceased from , 19 , to June 28, 1943
that I last saw her alive on June 27, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic Myocarditis — Duration May 1 1943.

Due to 46h

Due to

Other conditions Mesenteric Carcinoma 3/1/43
(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X

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)

(e) Means of injury

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 6/29/43

(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 Thos. E. Funk

Licensed Embalmer No. 3775

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.