

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: Conley Clinical Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days)  
 In this community 2 wks

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2800 North 8th St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 2

3. (a) PRINT FULL NAME Mrs. Clara Effie 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 Thomas Alfred Clark 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased February 4 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 5 6 hr. min.

9. Birthplace San Francisco Calif.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

12. Name Jacob Samsel

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

14. Maiden name unknown

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

16. (a) Informant James Clark

(b) Address 2206 North 11th St.

17. (a) Removal (b) Date thereof 7-12-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg, Mo.

18. (a) Signature of funeral director Fairweather Werner

(b) Address 1754 Washington Blvd.

19. (a) 7-11-43 (b) Def. D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
 year 1943 hour 9: minute 30 PM.

21. I hereby certify that I attended the deceased from July 1  
1943 to July 10 1943  
 that I last saw her alive on July 10 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac & Respiratory Failure

Due to Cholecystectomy  
12751

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

Major findings:  
 Of operations Chronic cholecystitis with multiple adhesions  
 Of autopsy

Duration  
 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

23. Signature C. Roy Peterson (M. D. or other) MD  
 Address Kansas City, Mo. Date signed 7-11-43

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

MOTHER FATHER

**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 John W. Werner  
Licensed Embalmer No. 2598  
P. O. Address 18th Wash Blvd Kansas City Kansas

**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.**