

LED JAN 3 1944
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5245

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. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 11-25-43
(Specify whether years, months or days)

In this community since 11-25-43
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 38

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

(d) Street No. 709 West Jackson,
(If rural, give location)

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

3. (a) PRINT FULL NAME Forest G. Clark

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13th
year 1943 hour 5:50 minute 8 A. M.

3. (b) If veteran, name war no. 3. (c) Social Security No. Unknown

21. I hereby certify that I attended the deceased from 11-25-43
19____ to 12-13-43, 19____
that I last saw him alive on 12-13-43, 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

Immediate cause of death: Probable pulmonary embolus

6. (b) Name of husband or wife Althea Clark, 6. (c) Age of husband or wife if alive unk years

Due to Pelvic phlebitis

7. Birth date of deceased 12-10-1904
(Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days 3
If less than one day _____ hr. _____ min.

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

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation Lumber yard foreman

Major findings: Protruded intervertebral disc, left

Of autopsy: None performed

11. Industry or business _____

12. Name Joseph Maris Clark

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

14. Maiden name Mathernal Micoles

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

16. (a) Informant Mrs. Althea Clark,
(b) Address 709 W. Jackson, Albany, Missouri,

22. If death was due to external causes, fill in the following: no.

(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? _____

(c) Place: burial or cremation Albany, Missouri,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

23. Signature Alfred W. Edmund (M. D. or other) M.D.
Address St. Luke's Hosp. Date signed _____

19. (a) 12-13-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Dr. Dickson

Proff. Bldg. 2-30

Dr. Dickson

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.....

Licensed Embalmer No.....

P. O. Address.....

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.