

FILED JAN 19 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5679

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:  
2917 Guinott  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 35 Yrs  
years, months or days)

3. (a) PRINT FULL NAME CHARLES CLARK

3. (b) If veteran, name war None  
 3. (c) Social Security No. 87-09-4793

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Clark  
 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept 30 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>3</u>	<u>00</u>	_____ hr. _____ min.

9. Birthplace U.S.A  
(City, town, or county) (State or foreign country)

10. Usual occupation Guard

11. Industry or business General Mills Co.

MOTHER FATHER {  
 12. Name Leo Clark  
 13. Birthplace No Record  
(City, town, or county) (State or foreign country)  
 14. Maiden name No Record  
 15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Clark  
 (b) Address 1308 east 8 St

17. (a) Burial (b) Date thereof 1-4-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. St. Marys

18. (a) Signature of funeral director Mrs. C. L. Forster  
 (b) Address 918 Brooklyn

19. (a) Dec 31 1943 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1308 East 8 St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 30 day  
 year 1943 hour 11 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
Deputy Coroner, 19\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute Pulmonary Edema  
 Due to Coronary Sclerosis  
 Due to 940  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy See Above

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) Manner of injury \_\_\_\_\_  
 23. Signature C. E. Forster (M. D. or other) J. E. Brown  
 Address 22 W. 1st \_\_\_\_\_

USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

**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 Ray E Snow  
\_\_\_\_\_  
Licensed Embalmer No. 2560  
P. O. Address R. C. Snow

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**