

FILED JAN 19 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 5708

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

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:  
**1615 Woodland**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community **About 80 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1615 Woodland**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **STEVE CLARK**

(b) If veteran, name war **None** (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Wid.**

6. (b) Name of husband or wife **Mary Clark** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **September - 1860**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **-** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Linneus, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name **Rachelle**

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

16. (a) Informant **Mrs. Florence E. Porter**

(b) Address **1615 Woodland**

17. (a) **Removal** (b) Date thereof **1-6-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Linneus, Missouri**

18. (a) Signature of funeral director **Shattuck Bros**

(b) Address **1729 Lydia Avenue**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec. 30**, day **Thursday**  
 year **1943** - hour **10:00** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec 27-43**, 19\_\_\_\_, to **Dec 30 1943**

that I last saw him alive on **12-30** and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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 **R. V. Miller** (M. D. or other) \_\_\_\_\_  
 Address **1203 Papeo** Date signed **1-4-44**

*L. W. Miller*

**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 *Jerome Manlove*  
Licensed Embalmer No. *3994*  
P. O. Address *2303 Highland*

**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.**