V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26765

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3544

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: General Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Hours (Specify whether
In this community 24 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Harrisonville (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Thelma M. Clark
3. (b) If veteran, name war ✓ no.
3. (c) Social Security No. 558-01-3182
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced 2 Divorced
6. (b) Name of husband or wife unk.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 27 (Day) 1915 (Year)

8. AGE: Years 29 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Somerset (City, town, or county) Colorado 1 (State or foreign country)
10. Usual occupation Manager-Crown Bus, Coach Service
11. Industry or business Harrisonville, Mo.
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Ann Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mr. Reg Waters
(b) Address 1602 Olive St Rolla, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-31-44 (Month) (Day) (Year)
(c) Place: burial or cremation Los Angeles, Calif
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo
19. (a) 8-31-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1944 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I last saw h..... alive on Deputy Coroner 19....; and that death occurred on the date and hour stated above.

Immediate cause of death 3 degree Burns entire
Due to Body
Due to
Other conditions (Include pregnancy within 3 months of death) 181-1
Major findings: Of operations 35
Of autopsy Inspection and History

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) Accident
(b) Date of occurrence August 29, 1944.
(c) Where did injury occur? Kansas City (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hotel (Specify type of place)
While at work? No (e) Means of injury Fire
23. Signature A. E. Upsher (M. D. or other) MD
Address 23 McCoy Date signed 8/31/44

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1944

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 Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, 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.