

FILED NOV 20 1949

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 4490

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Jackson 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 5 hours  
(Specify whether  
In this community 4 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Jackson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1605 E 37th  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME

Thelma Clark 487-4-5119

3. (b) If veteran, name war

no

3. (c) Social Security

thelma

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6  
year 1949 hour 1 minute 30 a. M.

21. I hereby certify that I attended the deceased from  
that I last saw him as Deputy Coroner  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Feb 4 1917  
(Month) (Day) (Year)

8. AGE: Years 27 Months 9 Days 2 If less than one day hr. min.

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

10. Usual occupation Product Clerk  
11. Industry or business Pratt Whitney

12. Name James Clark  
13. Birthplace Ark (City, town, or county) (State or foreign country)

14. Maiden name Frances Beck  
15. Birthplace Ark (City, town, or county) (State or foreign country)

16. (a) Informant Francis Clark  
(b) Address 1605 E 37th  
17. (a) Removal (b) Date thereof 11/7/49  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fayetteville Ark  
18. (a) Signature of funeral director L. W. Mayberry  
(b) Address 2815 Lenwood  
19. (a) 11-17-49 (b) T. E. Brown (48)  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Shock

Due to Skull Fracture  
Auto Trauma

Other conditions (Car & Pedestrian)

Major findings: Of operations 1705-8  
Of autopsy See Above

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 1-3  
(b) Date of occurrence Nov. 5 1949

(c) Where did injury occur? Kansas City Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) Auto Trauma  
Means of transport  
23. Signature D. E. Upsher (M. D. or optician)  
Address 123 McCoy Date 11/7/49

MAR 29 1949

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 *K C MD*

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.