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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 684

FILED MAR 3 1945  
 149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

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:  
K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 days  
(Specify whether  
 In this community 26 Years  
years, months or days)

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. 2703 E. 18 St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jesse Clark  
 (b) If veteran, name war No (c) Social Security No. 159-07-3170

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month February day 8  
 year 1945 hour 9 minute 50 P.M.

4. Sex Male 5. Color or Race White  
 6. (a) Single, widowed, married, divorced Divorced  
 (b) Name of husband or wife Nellie (c) Age of husband or wife if alive 27 years  
 7. Birth date of deceased July 27, 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 1, 1945 to February 8, 1945, that I last saw him alive on February 8, 1945, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>6</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death Malignant nephrosclerosis  
 Duration \_\_\_\_\_

9. Birthplace Texas  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Barber

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business Plaza Barber Shop.  
 12. Name James Clark  
 13. Birthplace Texas  
(City, town, or county) (State or foreign country)  
 14. Maiden name Pertina Hawlston  
 15. Birthplace Georgia  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy None  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Nellie Clark  
 (b) Address 3408 Prospect Ave.  
 17. (a) Burial (b) Date thereof 2/12/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park.

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? \_\_\_\_\_

18. (a) Signature of funeral director Melody-McGilley  
 (b) Address K. C. Mo.  
 19. (a) 2-12-45 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Clark W. Sully (M. D. or other) \_\_\_\_\_  
 Address Med. Dir. Gen'l Hosp. Date signed 2-9-45

**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

*Russell G. France*

Licensed Embalmer No. *4255*

P. O. Address. *K. C. 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.**