

FILED FEB 17 1945

Registration District No. 149

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution since 12-12-44
(Specify whether
 In this community since 1919
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson,
 (c) City or town Kansas City, 48
(If outside city or town limits, write "RURAL")
 (d) Street No. 4055 Warwick Boulevard, 3
(If rural, give location)
 (e) Citizen of foreign country? No. 8
(Yes or No)
 If yes, name country x 0

3. (a) PRINT FULL NAME David McLellan Clarke
 3. (b) If veteran, name war no.
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 4th
 year 1945 hour 7:30 minute P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Ann Clarke
 6. (c) Age of husband or wife if alive unknown, years
 7. Birth date of deceased November 2 1915
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May
14, to February 4, 1945
 that I last saw him alive on February 4, 1945
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
29 3 2 hr. min.

Immediate cause of death: Hodgkins Disease 1 1/2 yrs
 Due to _____
 Due to 44 B

9. Birthplace Massachusetts
(City, town, or county) (State or foreign country)
Chief Clerk

Other conditions 44 B
(Include pregnancy within 3 months of death)

10. Usual occupation Kansas City Southern Ry. Co.

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy As above
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name John E. Clarke,
 13. Birthplace Ireland,
(City, town, or county) (State or foreign country)
 14. Maiden name Marguerite Jones,
Ohio
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Ann Clarke,
 (b) Address 4055 Warwick, Kansas City, Mo.
 17. (a) Burial (b) Date thereof 2-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery

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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Stirn & McClure,
 (b) Address 3235 Gillham Plaza, K. C., Mo.
 19. (a) 2-6-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature James H. ... (M. D. or other)
 Address 200 Plaza ... Date signed 2/7/45

Mrs. Bohan and Arms

Mrs. Ploga
2-30
Body

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Kansas City 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.