S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1945

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8514

Primary Registration District No. 1002

Registrar's No. 1168

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 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days (Specify whether years, months or days)

In this community unk.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. Helping Hand Institute 8 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Claud Clark

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 11 1863 (Month) (Day) (Year)

8. AGE: Years 82 | Months 0 | Days 11 | If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Not known

11. Industry or business Not known

FATHER
12. Name Jed Clark
13. Birthplace Not known 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K. C. General Hospital No. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-45 (Month) (Day) (Year)

(c) Place: burial or cremation Leeds

18. (a) Signature of funeral director Wm A Lohmeyer

(b) Address City Mortician

19. (a) 3-13-45 (Date received local registrar) (b) T. E. Brown (N3) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd year 1945 hour 7 minute 50 P M.

21. I hereby certify that I attended the deceased from 2-1-45, 19, to Feb. 22nd 1945 19; that I last saw him alive on Feb. 22nd 1945, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to

Due to 107

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Clark W Kelly (M. D. or other) MD

Address Med. Dir K.C.Gen.Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Wm A Lohmeyer

Licensed Embalmer No. 3089

P. O. Address KC 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.