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 OCT 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29586

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 3903

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 Hosital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Week (Specify whether years, months or days)
In this community 50 yr

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. 639 Euclid
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Jennie Clark
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fe
5. Color or race w
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Chas H Clark
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec-11 1859 (Month) (Day) (Year)
8. AGE: Years 85 Months 9 Days 8 If less than one day hr. min.
9. Birthplace (City, town, or county) no Record (State or foreign country) 4
10. Usual occupation at home
11. Industry or business
MOTHER FATHER
12. Name Stevens
13. Birthplace (City, town, or county) no Record (State or foreign country) 4
14. Maiden name Nancy Owens
15. Birthplace (City, town, or county) no Record (State or foreign country) 4
16. (a) Informant L. R. Hamilton
(b) Address Long Beach California
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem
18. (a) Signature of funeral director Wm C. L. Foster
(b) Address 918 Brooklyn
19. (a) 9-21-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19 year 1945 hour 1 minute 00 A. M.
21. I hereby certify that I attended the deceased from August 11 1945 to September 18 45 and that I last saw her alive on September 19 1945; and that death occurred on the date and hour stated above.

Immediate cause of death bronchopneumonia
Due to coronary sclerosis, myocardial fibrosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93 d
Of autopsy

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 Wm W. Hart M.D. (M.D. or Coroner)
Address Act. Med. Dir. K.C. General 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.