. 2
-43
-39
36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1945

State File No. 40041

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5111

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: Vineyard Park Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether In this community 26 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2 (If outside city or town limits, write "RURAL")

(d) Street No. 2419 College 8 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Albert CLARK

3. (b) If veteran, name war No

3. (c) Social Security No. 486-05-6294

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary M. Clark

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May 28, 1887 (Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Conway (City, town, or county) Mo. 13 (State or foreign country)

10. Usual occupation Employee

11. Industry or business Standard Asbestos Co.

FATHER
12. Name William Clark
13. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Betty Garwin
15. Birthplace Unknown (City, town, or county) Ky. 1 (State or foreign country)

16. (a) Informant Mrs. Mary. M. Clark

(b) Address 2419 College, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/45 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 12-12-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1945 hour 3 minute 20 P M.

21. I hereby certify that I attended the deceased from 1 Nov 15 1945, to Dec 10 1945; that I last saw him alive on Dec 10 1945; and that death occurred on the date and hour stated above.

Immediate cause of death General Sarcomatosis

Due to Sarcoma of R. Hemisphere

Due to 55 P

Other conditions (Include pregnancy within 3 months of death)

Duration: 6 weeks; 8 Mos

Major findings: Of operations Sarcoma (Microscopic Exp. Confined) Biopsy

Of autopsy None

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 J G Sheldon (M. D. ~~or other~~)

Address 922 Walnut Date signed 12-10-45

(Licensed Embalmer's Statement on Reverse Side)

100 Mo

NOV 1 1950

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.