S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23539

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 2911

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: No 3612 E. 26th. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether
In this community: 60 Years
years, months or days)

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.: 3612 East 26th, St. 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Samuel C. Clark

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male D

5. Color or race: White

6. (a) Single, widowed, married, divorced: 2 Widowed

6. (b) Name of husband or wife: Ida H. Clark

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

7. Birth date of deceased: July (Month) 10th, (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	11	21	hr. min.

9. Birthplace: New York State / (City, town, or county) (State or foreign country)

10. Usual occupation: Insurance

11. Industry or business: Agent

FATHER
12. Name: Eli C. Clark /
13. Birthplace: N. Y. State (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. May Belle Cooper
(b) Address: 3541 Central Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/3/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cem.

18. (a) Signature of funeral director: Earp Funeral Home
(b) Address: 4139 East 15th, St.

19. (a) 7-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 1 year 1946 hour 5 00 minute P M.

21. I hereby certify that I attended the deceased from Coma, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary sclerosis	
Due to Uremia sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: N/A	
Of autopsy: no	
History + Symptoms	

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

23. Signature: [illegible] (M. D. or other)

Address: 1424 [illegible] Date signed 7-2-46

(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 me

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

working under my personal supervision.

Signed John P. Cooper

Licensed Embalmer No. 2955

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.