

FILED JUN 23 1947

Registration District No. **117**

Primary Registration District No. **1002**

Registrar's No. **2507**

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:
1608 Hardesty Res-1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) **20 years**

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. **1608 Hardesty**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Julius A. Clarkson

3. (b) If veteran, name war

AVD

3. (c) Social Security No.

AVD

4. Sex **Male**

5. Color or race **wh**

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

6. (b) Name of husband or wife **Francis F. Clarkson**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Oct. 15 1881**

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

65

7

22

hr. min.

9. Birthplace:

(City, town, or county) **Missouri**

(State or foreign country)

10. Usual occupation

Emp. School Board.

11. Industry or business

MOTHER FATHER

12. Name **Julius D. Clarkson**

13. Birthplace

(City, town, or county) **Ky.**

(State or foreign country)

14. Maiden name

Margaret Humphreys

15. Birthplace

(City, town, or county) **Virginia**

(State or foreign country)

16. (a) Informant

Mrs J. A. Clarkson

(b) Address

1608 Hardesty

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

6-10-47
(Month) (Day) (Year)

(c) Place: burial or cremation

Johnson Mo

18. (a) Signature of funeral director

Justice McElwee

(b) Address

323 S. Elliman Plaza N. C. Mo

19. (a)

6-9-47
(Date received local registrar)

Geraldine Holme
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7**
Year **1947** Hour **9-30** minute **a** M.

21. I hereby certify that I attended the deceased from **June 7 1947** to **June 7 1947**
that I last saw him alive on **June 7 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Aneurysm
Arterio Sclerosis

Duration

1 day

Due to

Due to

Other conditions

Major findings:

Of operations

Of autopsy

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?

While at work?

Ralph King

(Specify type of place) Means of injury

23. Signature

Ralph King (M. D. or other) **MD**

Address

4800 E 24

Date signed

6-9-47

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

MAR 26 1948

MAR 25 1949

4800 E. 2nd - 24th
R. 5949

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 NC 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.