

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21244**
 Registrar's No. **2726**

FILED JUL 3 1947

Registration District No. **197** Primary Registration District No. **1002**

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

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 Hospital # 8**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day** (Specify whether
 In this community **unknown** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **914 E 9th St** (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **JOSEPH WARK**
 (b) If veteran, name war **no**
 (c) Social Security No. **475-087395**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **24** year **1947** hour **10** minute **10A** M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **U**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: **8 Sept** **8** **1893**
 (Month) (Day) (Year)

Immediate cause of death: **Subdural Hematoma**
 Due to **Injury by Fall**
 Due to **fall in room.**
 Other condition (Include pregnancy within a month of death) **Deputy Coroner**
 Major findings: Of operations _____
 Of autopsy **See Above**

8. AGE: Years **63** Months **9** Days **16** If less than one day _____ hr. _____ min.
 9. Birthplace: **Birmingham, Kansas** (City, town, or county) (State or foreign country)
 10. Usual occupation **Stockman**

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) **Accident 1213**
 (b) Date of occurrence **6-23-47**
 (c) Where did injury occur? **Kansas City Mo** (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Hotel

MOTHER FATHER

11. Industry or business _____
 12. Name **Wm B Wark**
 13. Birthplace **Spencer Ind.** (City, town, or county) (State or foreign country)
 14. Maiden name **Rachel E Miller**
 15. Birthplace **Ohio** (City, town, or county) (State or foreign country)
 16. (a) Informant **Mrs Ethel Redd**
 (b) Address **Spencer, Kansas**
 17. (a) **Removal** (b) Date thereof **6-25-47** (Month) (Day) (Year)
 (c) Place: burial or cremation **Compton, Kansas**
 18. (a) Signature of funeral director **Parasentius Bias**
 (b) Address **2117 Independence Blvd**
 19. (a) **6-25-47** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

While at work **No** (Specify type of place) (c) Means of injury **Trauma**
 23. Signature **A. E. Wark** (M. D. or other) **MB**
 Address **2800 Main** Date _____

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 J. S. Walton

Licensed Embalmer No. 2744

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.