S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38064
Registrar's No. 4833

FILED NOV 29 1947
Registration District No. 149
Primary Registration District No. 1002

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: 1231 Highland Avenue 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 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. 1231 Highland Ave. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME Benjamin Fowler Clark
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Eva Clark
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 25, 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	9	18	hr. min.

9. Birthplace Troy, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Rev. J. J. Clark
13. Birthplace Troy, Missouri 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Watts
15. Birthplace Elsbury, Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Adah Lee Frazier
(b) Address 1231 Highland
17. (a) Removal (b) Date thereof 11/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Topeka, Kansas
18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia Ave
19. (a) 11-19-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13th
year 1947 hour 11 minute 10-P. M.
21. I hereby certify that I attended the deceased from Deputy, 19 to Crone, 19
that I last saw him alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to Hypertensive Heart Disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
93 D
Major findings:
Of operations
Of autopsy No-Permit

Duration

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other) W. C.
Address 2636-Brooklyn Date signed 11-19-47

Jefferson City Printing Co.

(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 J. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2023 Highland

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.