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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 26 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19417

Primary Registration District No. 1002

Registrar's No. 2489

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:
2739 Garfield /
(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)
In this community: 40 Years

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.: 2739 Garfield 8
(If rural, give location) 0

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

If yes, name country: ____

3. (a) PRINT FULL NAME: Harriett ~~Walton~~ Clark

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

3. (c) Social Security No.: No

4. Sex: Female 3

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Fred D. Clark

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: May 2, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	1	8	____ hr. ____ min.

9. Birthplace: Leavenworth, Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation: Sub- Teacher

11. Industry or business: ____

FATHER
12. Name: Arthur H. Walton
13. Birthplace: Missouri 11
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Nannie J. Walton
15. Birthplace: Jackson, Mississippi /
(City, town, or county) (State or foreign country)

16. (a) Informant: Fred Clark
(b) Address: 2739 Garfield

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Leavenworth, Kansas

18. (a) Signature of funeral director: Jackson Bros.
(b) Address: 1729 Lydia Ave.

19. (a) 6-14-48 (Date received local registrar) (b) Thaddine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 1948, 19____, to June 10, 1948, that I last saw him alive on June 9 1948, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatosis

Due to: Probable primary site retroperitoneal gland

Due to: ____

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 46 hr
Of autopsy: ____

Duration: 7 1

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: Wm R. Jackson (M. D. or other) M.D.

Address: 1107 Bryant Bldg. Date signed: 6/12/48

(Licensed Embalmer's Statement on Reverse Side)

Dr Jackson

JUL 11 1951

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 D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 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.