

S. No. 2  
M-5-43  
5-17-39  
I X36871

Registration District No. **1 10669**

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: Conv. Home  
1100 Cleveland Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 1/2 years  
(Specify whether years, months or days)

In this community: 6 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. PEURLINA FRANCES LARK

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

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Samuel Lark

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

7. Birth date of deceased: December 1 1879  
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 21  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sullivan County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business at home

MOTHER FATHER

12. Name Alfred J. Hittaker

13. Birthplace Sullivan County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Emily P. Fisher

15. Birthplace Sullivan County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leonard Fisher

(b) Address 1100 Cleveland Avenue

17. (a) Removal (b) Date thereof 9-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellevue, Mo

18. (a) Signature of funeral director J. J. Newcomer, Social

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-22-48 (b) Sheraldine Holmes  
(Date received local Registrar) (Registrar's signature)

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. 1100 Cleveland Avenue  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22nd  
year 1948 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from Sept 21, 1948 to Sept 21, 1948; that I last saw her alive on Sept 21, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Collapse Duration \_\_\_\_\_

Due to Arthritis Deformans

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 59 B

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy No

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? \_\_\_\_\_ (Specify type of place)

(e) Means of injury D

23. Signature Edw. L. Tull M. D. or other \_\_\_\_\_  
Address 1354. Troost Date signed 9/22/48

4304 Howard - to 588m.

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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..... *Bernard J. Horan* .....

Licensed Embalmer No. *4250* .....

P. O. Address *KC 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. .**