

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32830
Registral's No. 3948

Registration District No. 149 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
(c) Name of hospital or institution: St. Joseph Hospital
(d) Length of stay: In hospital or institution 3 days
In this community lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3307 College Avenue
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Frances R. CLARK
(b) If veteran, name war no (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 27 year 1948 hour 1 minute 45 A.M.

4. Sex female / 5. Color or race white / 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Samuel M. Clark 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased April 19, 1883

21. I hereby certify that I attended the deceased from Sept. 17 1948 to Sept 27 1948
that I last saw her alive on Sept 26 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 5 Days 8

Immediate cause of death Chronic sclerotic endocarditis, mitral and aortic
Due to Rheumatic heart disease

9. Birthplace Independence, Missouri
10. Usual occupation At home
11. Industry or business

Other conditions (Include pregnancy within 3 months of death) 92 C
Major findings: Of operations

MOTHER FATHER
12. Name Robert B. Robinson
13. Birthplace Greenberg, Kentucky
14. Maiden name Sally Swearington
15. Birthplace Independence, Missouri

Of autopsy as above -
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Samuel M. Clark
(b) Address 3307 College Ave., K.C., Mo.
17. (a) Burial (b) Date thereof 9-29-48
(c) Place: burial or cremation Woodlawn, Indep., Mo.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 9-29-48 (b) Geraldine Holmes

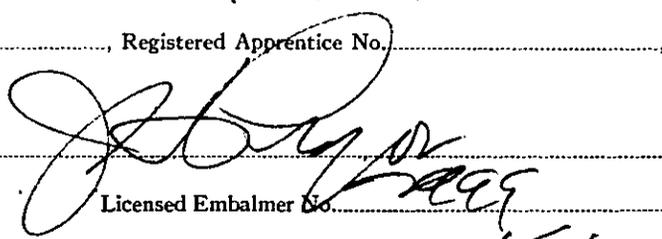
While at work? (Specify type of place) (e) Means of injury
23. Signature John H. Caldwell (M. D. or other)
Address Kansas City, Mo. Date signed 9/27/48

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.....



Licensed Embalmer No.

P. O. Address.....

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.