

FILED JAN 10 1949

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1416**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** //
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **2105 St. Joseph, Ave.**
(If rural, give location) **7**
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **Francis Marie Clark**

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 **Widowed**

6. (b) Name of husband or wife **Junk** 6. (c) Age of husband or wife if alive, -- years

7. Birth date of deceased **January 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 86 **10** **27** hr. min.

9. Birthplace **St. Joseph, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **--**

12. Name **Unk**

13. Birthplace **Unk**
(City, town, or county) (State or foreign country)

14. Maiden name **Unk**

15. Birthplace **Unk**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Harry Clark**

(b) Address **2105 St. Joseph-St. Joseph, Mo**

17. (a) **Burial** (b) Date thereof **12-27-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wshland Cemetery**

18. (a) Signature of funeral director **St. Joseph Funeral Home**

(b) Address **St. Joseph, Missouri**

19. (a) **1-5-49** (b) **H. C. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **23**
year **1948** hour **7** minute **45** p. M.

21. I hereby certify that I attended the deceased from **December 19, 1948** to **December 23, 1948**
that I last saw her alive on **December 23, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart Disease** 1 yr.

Other Cond: **Abscess - Right Hip**

Due to **Trochanteric fracture Right Hip** 29 days

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**
Of autopsy **None**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or ~~XXXX~~ (Specify) **Accident** 137

(b) Date of occurrence **November 25, 1948**

(c) Where did injury occur? **St. Joseph, Buch. Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At sons home 3106 So. 18th St.

While at work? **No.** (Specify type of place) **Frac. Rt. Hip**
(e) Means of injury

23. Signature **H. C. Jenkins** (M. D. ~~XXXX~~)
Address **The Tootle Building** Date signed **12-27-48**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

St. Joseph, Mo

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.....

Charles E. Bennett....., Registered Apprentice No. *214*
working under my personal supervision.

Signed *Charles M. Harman*

Licensed Embalmer No. *4487*

P. O. Address *St. Joseph*

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.