

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1075
394

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 17 yrs.		d. STREET ADDRESS (If rural, give location) 2119 E. 10th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2119 E. 10th St.		d. STREET ADDRESS (If rural, give location) 2119 E. 10th St.	

3. NAME OF DECEASED a. (First) CLARA (Type or Print)			b. (Middle)			c. (Last) CLARK			4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1950				
5. SEX Fe		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-5-1892		9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Georgetown, Mo.			12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME Perry Commodore		13b. MOTHER'S MAIDEN NAME Kathryn Wilson		14. NAME OF HUSBAND OR WIFE Robert Clark	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 496-32-3118		17. INFORMANT'S SIGNATURE OR NAME Robert Clark		ADDRESS 2119 E. 10 St	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension malignant DUE TO (c) Coronary Artery Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 4 Days 10 yrs. 5 yrs. 331X	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan 19, 1950**, to **Jan 23, 1950**, that I last saw the deceased alive on **Jan 23, 1950**, and that death occurred at **10:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE E. P. Walls (Degree or title)		23b. ADDRESS 1118 E 12 St		23c. DATE SIGNED Jan 25, 1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 27, 50		24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
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DATE REC'D BY LOCAL REG. 1-27-50		REGISTRAR'S SIGNATURE Deraldine Holmes		5. FUNERAL DIRECTOR'S SIGNATURE Walter Whittaker		ADDRESS K.C.K.	
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 17 1950

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Nathan Whately

Licensed Embalmer No. *2700*

P. O. Address *11. E. 15.*

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.