

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>North Kansas City</u>	c. LENGTH OF STAY (in this place) <u>30 yrs</u>	c. CITY OR TOWN <u>North Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2009 Gentry</u>		d. STREET ADDRESS (If rural, give location) <u>2009 Gentry</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Frances</u> c. (Last) <u>Clarke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>1 Nov 1872</u>		9. AGE (In years last birthday) <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Simeon D. Tinder</u>	13b. MOTHER'S MAIDEN NAME <u>Jarah Frances Rice</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Clarke</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. five war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Clarke</u>	ADDRESS <u>NKC</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>hemia</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION <u>1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Arteriosclerosis of Heart</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 1952, 19 , to Jan 27, 1952, that I last saw the deceased alive on Jan 27, 1952, and that death occurred at 6:30 pm from the causes and on the date stated above.

23a. SIGNATURE <u>Mabel Clarke</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>16 Kansas City Mo</u>	23c. DATE SIGNED <u>1-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>29 Jan 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Platte City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 29-52</u>	REGISTRAR'S SIGNATURE <u>Beulah Titchener</u> <u>63</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Fernald</u>	ADDRESS <u>NKC</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2241
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. S. Moton II
Licensed Embalmer No. 4886
P. O. Address W.C. 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.