

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13456
Do not use this space.

REC'D MAY 9 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1436
 (c) City Kansas City, Missouri (d) Street No. 3240 Harrison, K. C. Mo. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Ella M. Clough, 43.0

(a) Residence, No. 3240 Harrison Str., K. C. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank J. Clough</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1st, 1855</u>				
7. AGE	YEARS <u>72</u>	MONTHS <u>9</u>	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>At Home</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chicago, Illinois</u>			
	13. NAME <u>No Record</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>			
	15. MAIDEN NAME <u>Minerva Hoots,</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>				
17. INFORMANT (ADDRESS) <u>Arthur F. Clough, 3035 Harrison Str., K.C. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Moriah</u> DATE <u>April 6, 1938</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>Mrs. C. L. Forster, 918 Brooklyn Avenue, K. C. Mo.</u>				
20. FILED <u>Apr 4 1938 M. M. Brown</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 3rd, 1938</u>	
22. <u>4/2</u> HEREBY CERTIFY, That I attended deceased from <u>1938</u> , to <u>4/3</u> , 19 <u>38</u> I last saw her alive on <u>4/3</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>12:10 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u> <u>Chronic Nephritis</u> Date of onset <u>131</u>	
Other contributory causes of importance:	
Name of operation <input checked="" type="checkbox"/> Date of <input checked="" type="checkbox"/>	
What test confirmed diagnosis? <u>upto</u> Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>Frederick A. Belknap, M.D.</u> (Signed) <u>Frederick A. Belknap, M.D.</u> (Address) <u>317 Argyle Bldg., Kansas City, Mo</u>	

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)