No. 2
-10-39
17-39
X21492

FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31148

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3711

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Avenue & Winchester (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community worked here lived in Mt. Wash., Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Fairmount Pla. K.C. Mo (If outside city or town limits, write "RURAL")

(d) Street No. 532 So. Hutting (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Eva Juanita Clanton

3. (b) If veteran, name war No ✓

3. (c) Social Security No. 499-18-3027

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Dec. (Month) 25 (Day) 1922 (Year)

8. AGE: Years 17 Months 8 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace McDonald Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Office Work

11. Industry or business Jacob Kerr School

FATHER
12. Name Floyd L. Clanton
13. Birthplace McDonald Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Katherine Short
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Floyd L. Clanton

(b) Address 532 So. Hutting - K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo

19. (a) 9-24-40 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23 year 1940 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Crushing Injury of Head - Chest

Due to Extremities

Due to Fall - Areoplane

Other conditions (Include pregnancy within 3 months of death) 214

Major findings: Of operations 34

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 9-23-40

(c) Where did injury occur? Kans. City Jackson (City or town) (County) No (State)

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

While at work? (e) Means of injury Fall - Areoplane

23. Signature Russell W. Jones (M. D. or other)

Address ..... Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 L M Keir

Licensed Embalmer No. 3156

P. O. Address Cadet. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.