

FILED FEB 11 1942
Registration District No. 399

Primary Registration District No. 1002

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:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson 999
(c) City or town Olathe 14
(If outside city or town limits, write "RURAL")
(d) Street No. 903 East Park 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23rd
year 1942 hour 6:5 minute 15 M.
21. I hereby certify that I attended the deceased from Jan 17
19 42 to Jan 23 19 42
that I last saw him alive on Jan 23 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia 3 Months
Due to: Hypertrophy of prostate 10 years
Cystitis 3 Months
Due to: Secondary Anemia

Other conditions: 137w
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Levi Tracy Clement

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Daisy E. Clement
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: April 14 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 9
If less than one day hr. _____ min. _____

9. Birthplace Constantine Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery Store

11. Industry or business Owner and Manager

MOTHER FATHER
12. Name Wm W Clement
13. Birthplace Syracuse New York
(City, town, or county) (State or foreign country)
14. Maiden name Lavina Tracy Michigan
15. Birthplace Constantine
(City, town, or county) (State or foreign country)

16. (a) Informant L. Tracy Clement Jr.
(b) Address 104 E. 67, K.C. Mo.
17. (a) Removal (b) Date thereof 1-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lakota Iowa

18. (a) Signature of funeral director H.C. Julien
(b) Address Olathe Kas.
19. (a) 1-25-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Edwin Beebe (M.D. or other) _____
Address Olathe Kan Date signed 1-24-42

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

H. E. Julien

Licensed Embalmer No.

2042

P. O. Address

Osborne Kas.

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.