

S. No. 2  
4-5-42  
5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37202

FILED NOV 19 1943

State File No. 4565  
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Conley Clinical Hospital  
(d) Length of stay: In hospital or institution 1 1/2 days  
In this community 1 1/4 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Wyandotte  
(c) City or town H.C.  
(d) Street No. R.R. #15  
(e) Citizen of foreign country? (Yes or No) 2

3. (a) PRINT FULL NAME Infant Clites  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex Female  
5. Color or race white  
6. (a) Single, widowed, married, divorced Infant  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased October 18 1943

8. AGE: Years Months Days If less than one day  
1 6 hr. 17 min.

9. Birthplace Kansas City Missouri

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER  
12. Name Willard Isaac Clites  
13. Birthplace Red Oak Iowa  
14. Maiden name Ruby Gail Talbott  
15. Birthplace Red Fork, Oklahoma

16. (a) Informant Ruby Clites  
(b) Address Kansas City, Kans. R. R. 5

17. (a) (b) Date thereof 10-20-43

Retained at Conley Hospital for scientific study

18. (a) Signature of funeral director  
(b) Address H.C. Mrs. Brown

19. (a) 10-25-43 (b) H.C. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th  
year 1943 hour 2:20 a.m. M.

21. I hereby certify that I attended the deceased from birth  
October 18 1943 to expiration 19 43  
that I last saw her alive on October 20 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death respiratory failure  
Duration  
Due to baby born before of viable age.  
causes unknown

Other conditions 159  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy  
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)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Father W. Swift  
Address 2105 Independence Ave Date signed 10/25/43

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**