

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 341

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Int. Washington
 (c) Name of hospital or institution: 611 Glenwood Blvd. in
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community 20 yrs
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 611 Glenwood
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Levoatta Rank

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 29
 year 1944 hour 3 minute 30 PM

3. (b) If veteran, name war No 3. (c) Social Security No. No

21. I hereby certify that I attended the deceased from Dec 28
1944 to Dec 28, 1944
 that I last saw her alive on Dec 28, 1944
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Wid

Immediate cause of death Cerebral Thrombosis
 Due to hypertension - 2 years
 Duration 8 days

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased July 29 1868
 (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 0
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Ind. 1
 (City, town, or county) (State or foreign country)

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

10. Usual occupation Alptration

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business Adler

12. Name James O. Clements

13. Birthplace Washingt Ky. 1
 (City, town, or county) (State or foreign country)

14. Maiden name Faust Myers

15. Birthplace Chalced Kan
 (City, town, or county) (State or foreign country)

16. (a) Informant Belle Sweeten

(b) Address 611 Glenwood

17. (a) Burial (b) Date thereof 1-2-1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Hill Cemetery

18. (a) Signature of funeral director Mrs. C. L. Foster

(b) Address 9. E. Mo.

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 J. M. Ryan (M. D. or other) DO

Address Independence Mo Date signed 12-30-44

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

17
 0

P.M.
Dr. Agee, Indep Mo,
First Natl Bank Bldg. Indep mo
Indep 142 1. pm

SEP 4 1945

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 Wm H. Jackson
Licensed Embalmer No. 3954
P. O. Address KE 220

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.