

V. S. No. 2
100M-5-43
Rev. 5-17-39
I. X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26369
State File No. _____
Registrar's No. **3569**

Registration District No. **149** Primary Registration District No. **1002**

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:
RESEARCH HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11-DAYS**
(Specify whether
In this community **35 YEARS**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **1322 EAST 44TH STREET**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MRS. MILDRED LEE GROSHONG CLAMP**
(b) If veteran, name war **NO** (c) Social Security No. **NONE**
4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MR. JACK C. CLAMP** 6. (c) Age of husband or wife if alive **43** years
7. Birth date of deceased **NOVEMBER 9- 1909**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **AUGUST** day **24TH**
year **1945** hour **12** minute **25 P.M.**
21. I hereby certify that I attended the deceased from **August 13**
19 **45**, to **August 24** 19 **45**
that I last saw her alive on **August 24** 19 **45**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	35	9	15	hr. _____ min. _____

Immediate cause of death **(non T.B.) Large left ovarian cyst - cystectomy - followed on 9th day by pulmonary embolus (fatal in 5 minutes) not fatal (not surgical) 56a.**
Due to _____
Due to _____
Other conditions _____
Include pregnancy within 3 months of death

9. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)
10. Usual occupation **HOUSEWIFE**

MOTHER, FATHER {
11. Industry or business _____
12. Name **LEE GROSHONG**
13. Birthplace **TOPEKA KANSAS**
(City, town, or county) (State or foreign country)
14. Maiden name **FLORENCE LANE**
15. Birthplace **DES MOINES IOWA**
(City, town, or county) (State or foreign country)

Major findings: **Large left ovarian cyst.**
Of operations _____
Of autopsy **no autopsy**
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (A) Informant **Jack C. Clamp**
(B) Address **1322 E. 44th KC. Mo**
17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **AUG-27-1945**
(Month) (Day) (Year)
(c) Place: burial or cremation **MT MORIAH CEMETERY**

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?

18. (a) Signature of funeral director **D. H. Newcomer Son**
(b) Address **1401 BRUSH CREEK BLD.**
19. (a) **8-27-45** (Date received local registrar) (b) **Sheldine Holmes** (Registrar's signature)

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature **Paul F. Hunt** (M. D.)
Address **1612 W. 32nd St. K.C. Mo** Date signed **8-25-45**

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

48
3
8

8:00 a.m.
Revised Hospital
Miss Crunden - Post Office

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: Emile M. Colburn
Licensed Embalmer No. 3506
P. O. Address: R. C. Mo.

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.