

No. 2
5-43
17-39
X36671

State File No.

FILED DEC 28 1945

Registration District No.

Primary Registration District No. 1002

Registrar's No. 5092

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:
General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 Days
(Specify whether years, months or days)

In this community 1 year
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Clarence Bobbitt

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

4. Sex Male 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 April 17, 1903
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
42	6	14	hr. min.

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

10. Usual occupation Not known

11. Industry or business Not known

12. Name John W. Bobbitt

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Welch

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

16. (a) Informant Record Clerk

(b) Address K. C. General Hospital No. 1

17. (a) Burial (b) Date thereof 12-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beds

18. (a) Signature of funeral director Wm A Schump

(b) Address City Medication

19. (a) 12-11-45 (b) Clarence Bobbitt
(Date received local registrar) (Registrar's signature)

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. 10th Locust, Bramblee Hotel
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3
year 1945 hour 11 minute 44 A. M.

21. I hereby certify that I attended the deceased from November 2, 1945, to November 3, 1945; that I last saw him alive on November 3, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Anterior myocardial infarction

Due to Coronary thrombosis

Due to _____

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

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? _____

23. Signature Clarence Bobbitt (Specify type of place) _____ (e) Means of injury _____ (M. D. or other) _____
Address Med. Dir. K. C. General Hospital Date signed _____

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

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

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Wm A. Lohmeyer

Licensed Embalmer No.

3089

P. O. Address.....

IL E 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.