

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED APR 2 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1309

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution:
3510 Roberts
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO.
In this community 45 years
(Specify whether 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. 3510 Roberts,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Lutie Ella Clements
3. (b) If veteran, name war no.
3. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15
year 1946 hour 3:30 minute P. M.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife E. L. Clements
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased: September 25 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 2 - 1946
19 to Mar 15 1946
that I last saw her alive on Mar 15 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
60 5 20 0 hr. min.

Immediate cause of death: Coronary occlusion 2 MKS.
Due to Arterio sclerosis 8 yrs
Due to Diabetes - probable 15 yrs.

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

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

10. Usual occupation at home
11. Industry or business X
12. Name: Ross Farrell
13. Birthplace: Missouri
(City, town, or county) (State or foreign country)
14. Maiden name: Mrs. Thuber
15. Birthplace: Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations: 61
Of autopsy:

16. (a) Informant DE. L. Clements
(b) Address 3510 Roberts, Kansas City, Mo.
17. (a) burial (b) Date thereof 3-20-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director: I. Stine & McClure;
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 3-18-46 (b) Geraldine Holmes
(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: Clyde Scribner (M. D. or other)
Address: 636 Oregon St. Kansas City, Mo. Date signed 3/16/46

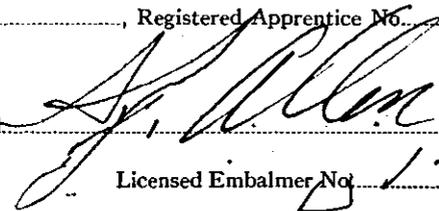
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8258

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. 1413

P. O. Address: Kansas City, 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.