

No. 2  
-5-43  
5-17-39  
I X36671

**FILED** JUL 4 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

Registrar's No. 2734

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY

(c) Name of hospital or institution: ST LUKE'S HOSPITAL 0  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 DAY  
(Specify whether years, months or days) 23 years

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 3647 HARRISON 8  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLARENCE PATONFF L L E Y

3. (b) If veteran, name war World War I

3. (c) Social Security No. 487-01-9186

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17th  
year 1946 hour 2 minute 00 P M.

21. I hereby certify that I attended the deceased from 10:02 AM  
June 17<sup>th</sup> 1946 to 2:00 PM 6/17 1946  
that I last saw him alive on June 17<sup>th</sup> 1946  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced married

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased: February 3 1896  
(Month) (Day) (Year)

Immediate cause of death: Acute Coronary thrombosis with myocardial infarction

Due to Coronary Sclerosis

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

8. AGE: Years Months Days If less than one day

50 4 14 hr. min.

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

10. Usual occupation LABORER

11. Industry or business MEMORIAL PARK CEMETERY

12. Name Edward ALLEN

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

14. Maiden name Martha Jacobs

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

16. (a) Informant Sullivan Allen

(b) Address 3647 Harrison

17. (a) Burial (b) Date thereof 6-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director H. Swenson

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 6-20-46 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy: Acute coronary thrombosis  
E. myocardial infarction

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. P. Chant (M. D. or Minister) \_\_\_\_\_  
Address Poplar Med Bldg Date signed 6/19/46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

19000

JUL 11 1946

JUL 16 1946

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**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 *Carl Rapp*

Licensed Embalmer No. *03458*

P. O. Address *K.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.**