

FILED JAN 2 1948
Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town J. C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 700 Frank Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Do not know
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town J. C.
(If outside city or town limits, write "RURAL")

(d) Street No. 2204 Frank
(If rural, give location)

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

3. (a) PRINT FULL NAME Lawrence Cletk

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

3. (c) Social Security No. Do not know

4. Sex Male 5. Color or race Negro

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 unknown
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>about 51</u>				hr. _____ min.

9. Birthplace Do not know 9
(City, town, or county) (State or foreign country)

10. Usual occupation unknown 1

11. Industry or business _____

12. Name Do not know 9

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

14. Maiden name Do not know 7

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

16. (a) Informant Jackson County Coroner record

(b) Address County Court House

17. (a) Repose (b) Date thereof 12/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kansas

18. (a) Signature of funeral director Shady J. Brown

(b) Address 1708 Frank

19. (a) 12-16-47 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9
year 1947 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage
gun shot wound
7 Head

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 162

Major findings: Of operations _____

Of autopsy No Permit

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Justifiable homicide

(b) Date of occurrence 12-9-47

(c) Where did injury occur? N.C. Jackson Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? _____ (Specify type of place)

(e) Means of injury gun shot

23. Signature Thurceyan (M. D. or other) MD
Address 2636 Brooklyn Date signed _____

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 J. F. [Handwritten Signature].....

Licensed Embalmer No. 14081.....

P. O. Address. 1922 24th St. [Handwritten].....

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.