

FILED MAR 20 1948 49

Registration District No. _____ 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 Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Mo., 2 days
(Specify whether years, months or days)
 In this community 28 years

3. (a) PRINT FULL NAME Donald S. CLEGG
 3. (b) If veteran, name war no
 3. (c) Social Security No. 480-01-0424

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Virginia M. Clegg
 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased January 14, 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>1</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Clegg Machine Works

MOTHER FATHER {
 12. Name Edward Clegg
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Augusta
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia M. Clegg
 (b) Address 3827 Agnes

17. (a) Burial (b) Date thereof 3-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount St. Mary's

18. (a) Signature of funeral director Melody-McGilley-Eyler
 (b) Address Kansas City, Missouri

19. (a) 3-1-48 (b) Steraldine Holmes
(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. 3827 Agnes Avenue
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 29
 year 1948 hour 2 minute 55 A. M.

21. I hereby certify that I attended the deceased from Jan 31, 1946 to Feb. 29, 1948
 that I last saw him alive on Feb. 28, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure, left ventricular, hypertensive
 Due to Chronic Bright's Disease

Due to _____
 Other conditions diabetes - severe
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 61
 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?
 While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature R. D. Pullwright, M.D. (M. D. or other) M.D.
 Address 1324 Prof. Bldg. Date signed _____

Kansas City, Mo.

Dr. Paul Wright
Peach Bldg.
after 1:30 on Monday
1927.

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 Russell W France

Licensed Embalmer No. 4255

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.