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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36444
State File No. _____
Registrar's No. 4860

Registration District No. 447

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:
3409 Bellefontaine /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 55 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3409 Bellefontaine 8
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Gertrude H. Clatanoff
(b) If veteran, name war X
(c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 27
year 1948 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from June
1942 to NOV 27, 1948
that I last saw her alive on 26 Nov, 1948
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ivan M. Clatanoff
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased: May 30 1879
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis 42 hrs
Due to Coronary Sclerosis 10 yrs.
Due to _____
Other conditions Diabetes Mellitus 6 yrs
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
69 5 27 hr. min.

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name T. M. Davis

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

14. Maiden name Cora

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

16. (a) Informant Mr. Ivan M. Clatanoff

(b) Address 3409 Bellefontaine

17. (a) CREMATION (b) Date thereof: 11 28 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD

18. (a) Signature of funeral director STINE & MCCLURE
(b) Address 3235 Gillham Plaza K.C., MO.

19. (a) 11-29-48 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy U

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?

Gordon P. Barnett (Specify type of place) (M. D. or other) MD
While at work? _____ (Means of injury)
Signature Gordon P. Barnett (M. D. or other) MD
Address 6305 Brookside Plaza Date signed 11-29-48

Gordon Barnett
~~Wheaton, Ill.~~

Dep 1:00

6305-Brookside Place

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 Max E. Meyer.

Licensed Embalmer No. 4555

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.