

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33785

State File No.

4494

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4494</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) township) <u>non-resident</u>		c. CITY OR TOWN <u>Kansas City</u>		14 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>824 1/2 E. 8th. st.</u>				d. STREET ADDRESS (If rural, give location) <u>214 Quindaro Blvd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wesley</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Clay</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 17 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>9-24-1886</u>	
9. AGE (in years last birthday) <u>63</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Cudahy Packing Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Burlington, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Henry Clay</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Butler</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>510-03-7142</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frances Shannon 2041 N. 6th. st. K. C. Kan</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 mo</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443+</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Wyandotte, Kansas</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 17, 1944</u> , to <u>Oct 17, 1949</u> , that I last saw the deceased alive on <u>Oct 14, 1949</u> , and that death occurred at <u>3:40 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. H. Dyer, M.D.</u> (Degree or title)				23b. ADDRESS <u>Kansas City, Kansas</u>		23c. DATE SIGNED <u>Oct 24, 1949</u>	
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>10-22-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>10-21-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. J. W. Jones 440 State Ave. K. C. Kansas</u>			

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

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed *Laurence A. Jones*
Student Embalmer No. _____
Licensed Embalmer No. *2500*
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.