

FILED APR 25 1955

STANDARD CERTIFICATE OF DEATH

State File No. **12112**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1388**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 34 yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		f. STREET ADDRESS (If rural, give location) 2314 Poplar	

3. NAME OF DECEASED (Type or Print) a. (First) Clarence		b. (Middle) A.		c. (Last) Renfro		4. DATE OF DEATH (Month) (Day) (Year) 3 27 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 12, 1885		9. AGE (In years last birthday) 68 6/7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pl. Painter Paper Hanger - Self		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mason Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Alberd Renfro		13b. MOTHER'S MAIDEN NAME Lechura Hill		14. NAME OF HUSBAND OR WIFE Effie Renfro	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-03-4451		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.J. Renfro - 2314 Poplar - K.C. Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined pending further investigation recent. cerebral encephalo-		INTERVAL BETWEEN ONSET AND DEATH 332X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) malaria		
	DUE TO (c) Thrombosis of right middle cerebral artery.		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **March 13, 1955, to March 27, 1955**, that I last saw the deceased alive on **March 27, 1955**, and that death occurred at **9:25A m.**, from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) B.I. Burns, M.D.		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 3-28-55	
--	--	---------------------------------------	--	---------------------------------	--

24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 3/29/55		24c. NAME OF CEMETERY OR CREMATORY Floral Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
---	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 3-28-55		REGISTRAR'S SIGNATURE new mitchell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody McElroy Taylor - K.C. Mo.	
---	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arthur Eugene H...*

Licensed Embalmer No. *496*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.