

No. 2
-4-41
17-39
X28390

State File No. _____
Registrar's No. **4199**

DEC 22 1941 397
Registration District No. _____

Primary Registration District No. **10-2**

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:
3200 Norledge K.C. Conv. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **20 Yrs.** years, months or days)

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. **3745 Flora**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **8**
year **1941** hour **6** minute **45 a.m.**
21. I hereby certify that I attended the deceased from **12-31-40**
19____ to **11-8-41** 19____;
that I last saw h. **in** alive on **11-7-41** 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Due to **Cerebral Hemorrhage**
Due to **Arteriosclerosis**
Other conditions _____
(Include pregnancy within 3 months of death) **85a**
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 **M. M. Crowe** (M. D. or other) _____
Address _____ Date **11/9/41**

3. (a) PRINT FULL NAME **Charles M. Clain**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **M** 5. Color of race **W** 6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov. 2nd 1866**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
66- 0 6 hr. min.

9. Birthplace **No Record** **9**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired Farmer**

11. Industry or business _____
12. Name **No Record**
13. Birthplace **Norway** **4**
(City, town, or county) (State or foreign country)
14. Maiden name **No Record**
15. Birthplace **Norway** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Grace Kingman - Dau.**
(b) Address **1111 Oakley, K.C. Mo.**
17. (a) **Burial** (b) Date thereof **11-12-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **M. Hope**

18. (a) Signature of funeral director **[Signature]**
(b) Address **7406 Donnell Rd.**
19. (a) **11-12-41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE 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.....
Harlyn Roe....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Harlyn Roe.....
Licensed Embalmer No. *7810*.....
P. O. Address *H. C. ...*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.