

Registration District No. **399**

Primary Registration District No. **1002**

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:
2619 Euclid
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
In this community **About 60 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **2619 Euclid**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Edward M. Clay**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **486-03-3233**

4. Sex **Male** 5. Color or race **Col** 6. (a) Single, ~~married~~, divorced **1**
6. (b) Name of husband or wife **Fannie Clay** 6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **April 7 1877**
(Month) (Day) (Year)

8. AGE: Years **64** Months **8** Days **7** If less than one day hr. min.

9. Birthplace **Lexington Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Messenger**

11. Industry or business

MOTHER FATHER { 12. Name **Theodore H. Clay**
13. Birthplace **Lexington Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Maria B. Brice**
15. Birthplace **Lexington Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Fannie Clay**
(b) Address **2619 Euclid**

17. (a) **burial** (b) Date thereof **12/17/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Starkins Bros**
(b) Address **1729 Lydia**

19. (a) **Dec 17 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **14th**
year **1941** hour **5** minute **05** A.M.

21. I hereby certify that I attended the deceased from **Nov 12 - 1941**
to **Dec 14 1941**
that I last saw him alive on **Dec 8 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chorea**
Bilateral Nephritis
Due to **1310**

Other conditions **Myo-carditis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**
Of autopsy **none**

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 **F. B. Suggenheimer** (M. D. or other)
Address **2202 E 18th** Date signed **12/16/41**

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

048
3
8

6

048
3
8

12/16/41
1941/6/41

Guggenheim

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

J. J. Manlove

Licensed Embalmer No.

3194

P. O. Address

2503 Highland

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.