

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

FILED MAY 5 1943

Registration District No. 149

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-13-43-4-10-43
(Specify whether
In this community 7 yr.
years, months or days)

3. (a) PRINT FULL NAME CLARETHA ODUM

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased. February 20 1936
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 1 20 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business

12. Name Clarence Odum

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

14. Maiden name Hattie Rose

15. Birthplace Paris Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 4-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director H. B. Moore

(b) Address 1820 E-15th St

19. (a) 4-14-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 1214 E. 22
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1943 hour 5:50 minute D . M.

21. I hereby certify that I attended the deceased from January 13, 1943 to April 10, 1943
that I last saw her alive on April 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Duration

Due to Rheumatic type heart disease

Due to
Other conditions 45B
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

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 0

23. Signature H. B. Moore (M. D. or other)
Address Gen. Hosp. #2-600 E. 22 Date signed 4-13-43

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 me
H B Moore, Registered Apprentice No. _____
working under my personal supervision.

Signed

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th St

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.