

FILED NOV 1 1943 149
Registration District No. _____

Primary Registration District No. 1002

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

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: Gen. Hosp. # 2.0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether in this community _____ years, months or days) app 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2410 Holly
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLARENCE PLEASANT

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

4. Sex Male **5. Color of race** Col. **6. (a) Single, widowed, married, divorced** Single

6. (b) Name of husband or wife none **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased May 10 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 75 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Harlem Mo. 0
(City, town or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Ed. Pleasant

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

14. Maiden name Julia Patterson

15. Birthplace Platte County Mo.
(City, town or county) (State or foreign country)

16. (a) Informant Pete Patterson

(b) Address 2416 Mercier

17. (a) Burial Highland Cemetery
(Burial, cremation, or removal) (b) Date thereof 10-20-43
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director H. M. Hudson

(b) Address 15131 1/2 road ave

19. (a) 10-20-43 (b) P. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13 year 1943 hour 11:45 minute 7 P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner,
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic fibrous myocarditis

Due to Acute Pulmonary Edema

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 93d
Of operations _____

Of autopsy yes

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 P. Richardson (M. D. or other)

Address 1532 Pine Date signed 10-18-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.