

FILED SEP 7 1944
Registration District No. **119**

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: **St. Luke's Hospital, 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **since 7-26-44**
(Specify whether
In this community **all her life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas** (b) County **Johnson, KS**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2511 West 50th Street, 111**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or, No)
If yes, name country **x**

3. (a) PRINT FULL NAME Mrs. Florence H. Clinkenbeard
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Female!** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Carl Clinkenbeard** 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **February 24 1895**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 **5** **24** **23** hr. min.

9. Birthplace at home, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation at home.

11. Industry or business x

12. Name John E. Bray

13. Birthplace Illinois, 1
(City, town, or county) (State or foreign country)

14. Maiden name Julia Haven

15. Birthplace Alabama 1
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Clinkenbeard,

(b) Address 2511 W. 50th St., K. C., Kansas,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-44
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-17-44 (b) N.C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 17th
year **1944** hour **2:50** minute **A.** M.

21. I hereby certify that I attended the deceased from 7-26
1944 to 8-17 1944
that I last saw her alive on **8-17 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Multiple carcinomas, 4 months**
Due to **Primary site of breast.**

Other conditions (Include pregnancy within 3 months of death) **50**

PHYSICIAN
Major findings: Of operations
Of autopsy

Duration
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) (c) Means of injury **0**
23. Signature P. E. Forbes (M.D. or other)
Address **1900 Professional** Date signed **8-17-44**

Office
Dr. Frank Dickson
Prof. B. B. B. B.

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed Paul G. Ballew

Licensed Embalmer No. 4206

P. O. Address K. C. Missouri

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.