V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40034

Primary Registration District No. 1002

Registrar's No. 5130

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: 1308 West 20 Terr (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 60 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 47
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1308 West 20 Terr (If rural, give location)
(e) Citizen of foreign country? U-S-A (~~Year~~ No)
If yes, name country

3. (a) PRINT FULL NAME Lottie CLINTON
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 Widow
6. (b) Name of husband or wife John D. Clinton
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb - 9 - 1863 (Month) (Day) (Year)

8. AGE: Years 81 | Months 10 | Days 7 | If less than one day ✓ hr. ✓ min.

9. Birthplace New York (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
12. Maiden name Wm F. Smith
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Charlot See
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Wm F. Nayman
(b) Address 1308 West 20 Terr
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec - 18 - 44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director A. P. Doehler
(b) Address 1415 East 15
19. (a) 12-18-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16 year 1944 hour 4:00 minute A. M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... ; that I last saw her alive on ..... 19..... ; and that death occurred on the date and hour stated above.

Coroner

Immediate cause of death Coronary Occlusion — Duration
Due to Senility
Due to 94 a
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations History + Inspection
Of autopsy no

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature James C. Walker (M. D. ~~or other~~) Coroner
Address 1424 Pryor Bldg Date signed 12-16-44

(Licensed Embalmer's Statement on Reverse Side)

Certified to 1937 by Helen Hite

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 N P Doehler

Licensed Embalmer No. 1166

P. O. Address 1415 East 15

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson

State File No. 40034/44

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5130

On this 24th day of April, 1945, before me appears Wm. G. Hayman, who, upon his oath, states that the original record of ~~birth~~ death for Lattie Clinton, died ~~born~~ 12-16, 1944, in the State of Missouri, and which was filed at K. C. on 12-18, 1944 should be corrected as follows:

Item No. 7 should read Feb. 9, 1863

Instead of " 9, 1861

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Wm G Hayman, friend
Relationship.

X 1308 W. 20th Ter.
Present Address.

Subscribed and sworn to before me this 24th day of apr., 1945

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
1 X32339

1944.
S-40034