

ED MAY 12 1945

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 52

4
2
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Clay
 (a) County: Clay
 (b) City or town: Liberty
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 404 So. Leonard
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 7 months
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Clay
 (c) City or town: Liberty
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 404 South Leonard
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: Mrs. Rose Green Clinton

3. (b) If veteran, name war: XX 3. (c) Social Security No.: None

4. Sex: Fe / 5. Color or race: Wh 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: George W. Clinton 6. (c) Age of husband or wife if alive: XX years

7. Birth date of deceased: February 16 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>2</u>	<u>8</u>	hr. min.

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

10. Usual occupation: At Home

11. Industry or business: _____

12. Name: Thomas Green

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

14. Maiden name: Bridget Smith

15. Birthplace: Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant: Helen Josephine Green

(b) Address: 400 Westover Road

17. (a) Burial (b) Date thereof: 4-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Mary's, Indep. Mo.

18. (a) Signature of funeral director: J.W. Wagner
(b) Address: Kansas City, Mo.

19. (a) April 24-45 (b) Nelson Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: Apr. day: 24th
 year: 1945 hour: 1: minute: 25 A. M.

21. I hereby certify that I attended the deceased from June 1939 to Apr 24 1945
 and that I last saw him alive on Apr 23 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized arteriosclerosis

Due to: _____

Due to: _____

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

Major findings: _____
Of operations: _____

Of autopsy: _____

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: Blair W. Anderson (M. D. or vet.)

Address: Liberty Mo Date signed: 4/24/45

Duration: Indefinite

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

706

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5/11/45

APR 7 1945

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 Alvin R. Harnscheidt

Licensed Embalmer No. 4159

P. O. Address Kansas City Mo

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.