

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
Jackson
 (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 #2**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4-7-45-5-5-45**
(Specify whether in this community years, months or days) **15 Yrs.**

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. **2405 Mersington**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM CLAY**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **492-18-1493**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **5**
 year **1945** hour **4:20** minute **P** M.

4. Sex **Male** **5. Color or race** **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Addie Clay**
6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **August 4 1875**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 7**, 19**45**, to **May 5**, 19**45**
 that I last saw him **im** alive on **May 5**, 19**45**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	69	9	1	hr. min.

Immediate cause of death **Uremia, Chronic nephritis**
 Duration _____
 Due to **Hypertensive Type Heart Disease**

9. Birthplace **Fulton Ky.**
(City, town, or county) (State or foreign country)
10. Usual occupation **None**

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

11. Industry or business
12. Name **Clem Clay**
13. Birthplace **Ky.**
(State or foreign country)
14. Maiden name **Maria Hambry**
15. Birthplace **Ky.**
(City, town, or county) (State or foreign country)

Major findings: **1315**
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Record Clerk**
(b) Address **Gen. Hospi #2**
17. (a) burial **(b) Date thereof** **5/9/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lincoln Cemetery**
18. (a) Signature of funeral director **Mathews Bros.**
(b) Address **1729 Lydia**
19. (a) 5-9-45 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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? **Yes** (Specify type of place) Means of injury **5**
23. Signature **Dr. F. J. ...** (M. D. or other)
Address **Dr. F. J. ... - 6.00 622** **Date signed** **5-7-45**

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

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.....

J. Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

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.