

FILED JUL 3 1945

Registration District No. **149**

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:
4424 Pennsylvania Kansas City Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community Entire Life

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. 4424 Pennsylvania
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CLARA S. MC CULLY
 3. (b) If veteran, name war No
 3. (c) Social Security No. 487-16-2571

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month 6 day 21
 year 1945 hour 9:00 minute a M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife William Mc Cully
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased December 16 th 1885
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion
 Due to arterio sclerosis
 Due to _____
 Other conditions 94a
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>6</u>	<u>5</u>	_____ hr. _____ min.

Major findings: _____
 Of operations _____
 Of autopsy As per report History & Inspection

9. Birthplace Unknown
(City, town, or county) (State or foreign country)
 10. Usual occupation Telephone operator

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? _____

MOTHER FATHER
 11. Industry or business XXXX Biarritz Hotel
 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature James Walker (M.D. or other) 3
 Address 1424 paper pldy Date signed 6-22-45

16. (a) Informant Charles Stein
 (b) Address St. Joseph Mo.
 17. (a) Burial (b) Date thereof 6/25/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery
 18. (a) Signature of funeral director Melody-McGilley-Eyler
 (b) Address 1800 Linwood Blvd. K.C. Mo.
 19. (a) 6-23-45 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

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

Glew E. Park

Licensed Embalmer No.

4063

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.