S. No. 2
00M—5-43
ev. 5-17-39
No. 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22800

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2848

1. PLACE OF DEATH:
(a) County: Jackson City
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1015 Askew
(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: 6 MOnths

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1015 Askew 8
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Clara J. Bame
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Femal
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: Samuel ~~Bane~~ BAME
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Sept. (Month) 29 (Day) 1869 (Year)

8. AGE: Years 85 | Months 9 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace: Illinois 1 (City, town, or county) (State or foreign country)
10. Usual occupation: At Home
11. Industry or business ____
FATHER 12. Name: Isaac Jones
13. Birthplace: No record 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Martha Ann Prebble
15. Birthplace: No record 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Olive Jones
(b) Address: 1015 Askew
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 7 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Hume Missouri
18. (a) Signature of funeral director: Mrs C.L. Forster
(b) Address: 918 Brooklyn
19. (a) 7-7-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1945 hour 2 minute 55 A.M.
21. I hereby certify that I attended the deceased from Deceased Coroner, 19____
that I last saw h____ alive on ____, 19____;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death): none 9/10	
Major findings: Of operations: no op	
Of autopsy: no autopsy	

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 3
23. Signature: F N Ouzs (M. D. or other)
Address: 1C Co. ____ Date signed 9/6/45

(Licensed Embalmer's Statement on Reverse Side)

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 Theron R. Redmon

Licensed Embalmer No. 2737

P. O. Address Memo

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.