

FILED OCT 4 1945

Registration District No. **250**

Primary Registration District No. **6-964**

Registrar's No. **114**

1. PLACE OF DEATH: **Platte**

(a) County **Platte**

(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **North of Fairfax Airport 3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.**

In this community **passing through** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **California** (b) County **999**

(c) City or town **Oakland 4**
(If outside city or town limits, write "RURAL")

(d) Street No. **unknown, 0**
(If rural, give location) **2**

(e) Citizen of foreign country? **NO.** (Yes or No)

If yes, name country **X**

3. (a) PRINT FULL NAME **Clarence H. Haslam, Jr. #19064813**

3. (b) If veteran, name war **World War #2**

3. (c) Social Security No. **unknown,**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **unknown, 9**

6. (b) Name of husband or wife **X**

6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **unknown,**

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

unknown, hr. min.

9. Birthplace **unknown, 9**

(City, town, or county) (State or foreign country)

10. Usual occupation **Pfc.**

11. Industry or business **Army**

12. Name **unknown,**

13. Birthplace **unknown, 9**

(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown, 9**

(City, town, or county) (State or foreign country)

16. (a) Informant **U. S. Army**

(b) Address **Kansas City, Mo.**

17. (a) **removal** (b) Date thereof **9-19-45**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakland, California.**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C. Mo.**

19. (a) **9-15-45** (b) **Mrs. Ophelia Rollins**

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **15** year **1945** hour **12** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Coroner**, 19___, to 19___, that I last saw him **alive** and that death occurred on the **date** and hour stated above.

Immediate cause of death **3rd degree burns entire body, fracture right arm and skull fracture**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

173.8

Major findings: **History of Inspection**

Of operations _____

Of autopsy **NO**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident KB**

(b) Date of occurrence **9-15-45**

(c) Where did injury occur? **Platte County MO**

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public Place**

(Specify type of place) **Plane**

While at work? **yes** (a) Means of injury **Crash**

23. Signature **J. J. ...** (M. D. or other)

Address **1424 ...** Date signed **9-15-45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3
0
0

JUN 23 1948

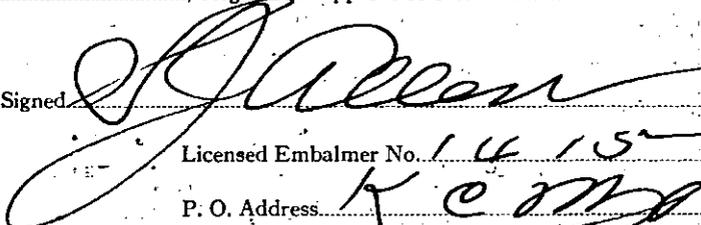
APR 6 1951

STATEMENT BY LICENSED EMBALMER

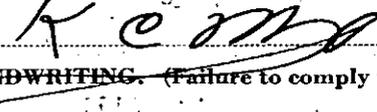
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Registered Apprentice No.

working under my personal supervision.

Signed 

Licensed Embalmer No. 1415

P. O. Address 

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.