

No. 2  
-1-4-41  
-17-39  
K 26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16592

State File No.

FILED JUN 10 1946

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2422

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: EASTSIDE HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 DAYS  
(Specify whether years, months or days) YES. Lifetime

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. 201 E-31st ST.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country NO

3. (a) PRINT FULL NAME CLARENCE CLEGG.

3. (b) If veteran. NO name war NO

3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive 8 years 1946  
(Month) (Day) (Year)

7. Birth date of deceased MAR. 8 1946  
(Month) (Day) (Year)

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

2 23 hr. min.

9. Birthplace ROBERT EMMONS KC. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business None

MOTHER FATHER

12. Name ROBERT EMMONS

13. Birthplace CAINSVILLE MO  
(City, town, or county) (State or foreign country)

14. Maiden name ZOE CLEGG

15. Birthplace PRINCETON MO  
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. Calumny

(b) Address 4909 327

17. (a) Burial (b) Date thereof Jun 3 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Not Calumny Cemetery

18. (a) Signature of funeral director J. C. Calumny

(b) Address 2512 Calumny

19. (a) 0-1-46 (b) Clarence Clegg  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 31st  
year 1946 hour 9 minute 35 A. M.

21. I hereby certify that I attended the deceased from MAY 1st  
1946 to MAY 31st 1946  
that I last saw him alive on MAY 31st 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death ANEMIA PSEUDO-EUREMICA INFANTUM

Due to CHRONIC GASTRITIS

Due to None

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

Duration

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) None

(b) Date of occurrence None

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place)

Means of injury None

23. Signature John C. Calumny M. D. or other

Address 4909 E-37th St. Date signed 5/31/46

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

10474

**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 *Ph. Harrison*  
Licensed Embalmer No. *2381*  
P. O. Address *2572 Halms Dr*

**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.**