

S. No. 2
M-5-43
5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16808
State File No.
2059
Registrar's No.

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
(c) Name of hospital or institution: St. Josephs Hospital
(d) Length of stay: In hospital or institution 4 Days
In this community 55 Years

3. (a) PRINT FULL NAME CLARENCE D. REMELY
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ida A. Remely
6. (c) Age of husband or wife if alive
7. Birth date of deceased December 11th 1868

8. AGE: Years Months Days If less than one day
77 4 24 hr. min.

9. Birthplace Qualey Ohio

10. Usual occupation Retired Real Estate

11. Industry or business

MOTHER FATHER
12. Name William Remely
13. Birthplace Pennsylvania
14. Maiden name Mary Remely
15. Birthplace Qualey Ohio

16. (a) Informant Vinton S. Aschmann
(b) Address 6037 Main Street

17. (a) Burial (b) Date thereof 5-7-1946
(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd Street

19. (a) 5-6-46 (b) Signature of Registrar
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(d) Street No. 6037 McGee Street 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 5th year 1946 hour minute M.
21. I hereby certify that I attended the deceased from May 15 1946 to May 5 1946
that I last saw him alive on May 5 1946 and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial Infarction (Failure) Chronic
Due to Carcinoma Prostate
Due to
Other conditions
Major findings: Transverse Prostate Carcinoma
Of operation
Of autopsy: none
PHYSICIAN
Underline the cause to which death should be charged statistically.

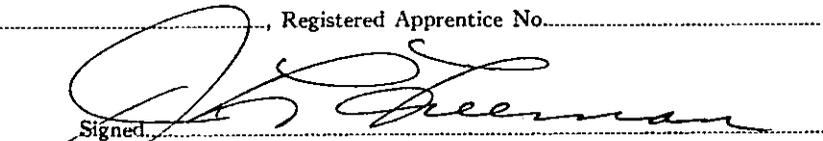
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature of Embalmer
Address 1019 1/2 W. 9th St. Date signed 5/7/46

SEP 30 1955

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. 4939.....

P. O. Address 5040.....

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.

J. Hoffman