S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33483

Registration District No. 1 1 1

Primary Registration District No. 1002

Registrar's No. 4613

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 K.C. General Hospital No.1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community 3 4 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town ~~2843-Troost~~ Kansas City 3 8
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2843 Troost
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country - - - - -

3. (a) PRINT FULL NAME Georgia E. Clapp

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife MR. ELMER E. CLAPP

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

7. Birth date of deceased AUGUST (Month) 23 (Day) 1881 (Year)

8. AGE: Years 75 Months 2 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace BUFFALO (City, town, or county) NEW YORK (State or foreign country) 1

10. Usual occupation RETIRED - 2 YEARS

11. Industry or business REGISTERED NURSE

FATHER
12. Name GREEN 9
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 9

16. (a) Informant MR. F. M. HANDS

(b) Address 4517 HARRISON STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-2-1946 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD

19. (a) 11-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31st year 1946 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10-15-46, 19__ to 10-31-46, 19__; that I last saw her alive on 10-31-46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Tumor of Brain

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 5 1 B

Of autopsy See above

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)

(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 0

23. Signature Wm. W. Hart (M. D. or other) MD

Address Med. Dir. K.C. Gen. Hosp. K.C. Mo. Date signed 10-31-46

(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. Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K.C., 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.