

No. 2
12-45
-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33662

State File No. _____

FILED NOV 12 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4564

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:
2013 E. 13th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 55 Years
years, months or days

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. 2013 E. 13th Street
(If rural, give location)

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

If yes, name country _____

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J

3. (a) PRINT FULL NAME Clarence McAfee

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. 496-01-2341

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1946 hour 12 minute 30 A.M.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Etolia McAfee

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

7. Birth date of deceased March 5, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 25 1946 to Oct 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration

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

70 7 22 hr. _____ min.

Due to by retention of blood - Renal disease

Due to _____

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

Major findings: Of operations _____

Of autopsy no

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Chester McAfee

(b) Address 2523 Tracy

17. (a) Burial (b) Date thereof 10/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins

(b) Address 1729 Lydia Avenue

19. (a) 10-30-46 (b) Ethelredine Holmes
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. J. Kelly (M. D. or other) _____
Date signed 10-28-46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

Dr. Hill.
1949
R. C. Hill

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

J. Jerome Marlowe

Licensed Embalmer No.

3994

P. O. Address

2503 Highland

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.