

No. 2  
12-45  
17-39  
X47070

FILED MAR 10 1947  
199

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution Menorah Hospital  
(d) Length of stay: In hospital or institution 1 day  
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 1300 Penn St.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Lester La Claire

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Ma 5. Color or race Wh 6. (a) Single, widowed, married, divorced Sgl

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased February 23 1947

8. AGE: Years 0 Months 0 Days 1

9. Birthplace Kansas City Mo.

10. Usual occupation XX

11. Industry or business

12. Name Clarence C. LaClair

13. Birthplace Pineville Arkansas

14. Maiden name Alta Belle Atkinson

15. Birthplace Topeka Kansas

16. (a) Informant Clarence C. LaClair (b) Address 1300 Penn

17. (a) Burial (b) Date thereof 2-26-47

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J. W. Wagner (b) Address Kansas City, Mo.

19. (a) 2-26-47 (b) Geraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1947 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 23 1947 to Feb 24 1947 that I last saw him alive on Feb 23 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 157

Major findings: Of operations

Of autopsy Myocardial hemorrhages Enlarged foramen ovale

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?

23. Signature J. W. Wagner (M. D. or other) MD

Address 655 11th St Date signed 2-24-47

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

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**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 Cecil R. Matthes  
Licensed Embalmer No. 3807  
P. O. Address Kansas City, 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.**