

S. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12348  
Registrar's No. 3212

Registration District No. 149

Primary Registration District No. 1002

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: GENERAL HOSPITAL NO. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 HRS. 20 MINS.  
(Specify whether years, months or days) 6 MOS.

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. 1508 E. 12TH ST.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HERSHELL CLARITY JR.  
(b) If veteran, name war no  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MAY day 17, year 1947 hour 10: minute 45 P. M.  
21. I hereby certify that I attended the deceased from MAY 17, 1947, to MAY 17, 1947; that I last saw h. IM alive on MAY 17, 1947; and that death occurred on the date and hour stated above.

4. Sex MALE 2. Color or race NEGRO  
6. (a) Single, widowed, married, divorced SINGLE  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased NOVEMBER 11, 1946  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
6 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death LOBAR PNEUMONIA Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace KANSAS CITY - MISSOURI  
(City, town, or county) (State or foreign country)  
10. Usual occupation NONE infant  
11. Industry or business \_\_\_\_\_  
12. Name HERSHELL CLARITY SR.  
13. Birthplace KANSAS  
(City, town, or county) (State or foreign country)  
14. Maiden name FLORELL THOMAS  
15. Birthplace TEXAS  
(City, town, or county) (State or foreign country)  
16. (a) Informant FLORELL Clarity (MOTHER)  
(b) Address 1508 E. 12TH ST.  
17. (a) Burial (b) Date thereof 5/20/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland Cem  
18. (a) Signature of funeral director E. Stepling Bell  
(b) Address 1212 W. 17th St. KC MO  
19. (a) 5-20-47 (b) Shiraldine Holman  
(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? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) M. D.  
Address GENERAL HOSPITAL NO. 2 Date signed 5/19/47

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

MOTHER FATHER

---

---

**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.....

*E. Sterling Bills*

Licensed Embalmer No.....

*3128*

P. O. Address.....

*1212 vine K.C.*

**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.**