

Registration District No.

147

Primary Registration District No.

1002

Registrar's No.

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. 10
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether
 In this community 20 years
 years, months or days)

3. (a) PRINT
FULL NAMEJohn Holtzclaw

3. (b) If veteran,

name war NO

3. (c) Social Security

No 490-16-94992

4. Sex

Male

5. Color or

race white

6. (a) Single, widowed, married,

divorced Widowed

6. (b) Name of husband or wife

Clara Holtzclaw

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

9201890

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

57313

hr. min.

9. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Construction Worker

11. Industry or business

Turner A. Holtzclaw

12. Name

Virginia

13. Birthplace

Virginia

(City, town, or county)

(State or foreign country)

14. Maiden name

Lee Davis Barnett

15. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs Mildred Carter

(b) Address

4132 Euclid

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

7/6/47

(Month) (Day) (Year)

(c) Place: burial or cremation

Int Washington

18. (a) Signature of funeral director

Steve McClure

(b) Address

Kansas City Mo

19. (a)

7-9-47

(Date received local registrar)

(b)

A. G. S. Holmes

(Registrar's signature)

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. 200 E. 78 Terr.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Julyday 3year 1947hour 4minute A.

M.

21. I hereby certify that I attended the deceased from

June 3019 47to July 3.19 47

that I last saw him alive on

July 319 47

and that death occurred on the date and hour stated above.

Immediate cause of death

Intestinal obstruction (n.m.e.)Uremia(n.m.e.)

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 1226Of autopsy None

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 0

23. Signature

Wm W. Hart

(M. D. or other)

Address

Med. Dir. Gen'l HospDate signed 7-3-47

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 2
REV. 5-3-54

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.....
Ed T. Olin

Licensed Embalmer No..... *476*

P. O. Address..... *R. 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.