No. 2
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17-39

WRITE PLAINLY—USING NON-FADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 20 1948

Registration District No. 749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8644

Registrar's No. 1106

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. 1. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 days (Specify whether years, months or days)
In this community: 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1204 Campbell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Clarence Courtney
3. (b) If veteran, name war: None
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept. (Month) 23 (Day) 1891 (Year)

8. AGE: Years 56 | Months 5 | Days ~~13~~ 11 | If less than one day: hr. min.

9. Birthplace: Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
12. Name (Father): George Courtney
13. Birthplace (Father): Missouri (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Virginia Chapman
15. Birthplace (Mother): Arkansas (City, town, or county) (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: K.C. General Hosp. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hill: K.C. Kan.
18. (a) Signature of funeral director: Weilert Funeral Home
(b) Address: Kansas City, Missouri
19. (a) 3-11-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1948 hour 4 minute 39 P.M.

21. I hereby certify that I attended the deceased from Feb. 24, 1948 to March 7, 1948 that I last saw him alive on March 7, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebrovascular accident	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: None	

PHYSICIAN — Underline the cause of 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:

23. Signature: Wm. W. Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 3-10-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Neil

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 Blaine E. Weilert

Licensed Embalmer No. 4075

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.