

S. No. 30  
DM-10-47  
rev. 5-17-39  
I 3908

FILED MAY 7 1948  
Registration District No. 47

Primary Registration District No. 1002

483  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
3014 Forest Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 3014 Forest Avenue 8  
(If rural, give location) 0 0

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clara Lindsay DUFF

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife William Duff

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

7. Birth date of deceased October 15 1866  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1948 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1945, to April 28, 1948

that I last saw him or alive on Apr 26, 1948  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>6</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation At home

Immediate cause of death Cerebral thrombosis Duration \_\_\_\_\_

Due to hypertension

Due to similarity

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Robert O. Lindsay

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

14. Maiden name Agnes Gould

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

16. (a) Informant Mrs. Cora Findley

(b) Address 3014 Forest Ave., K.C., Mo.

17. (a) Removal (b) Date thereof 5-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garnett, Kansas

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 4-30-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy no

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) \_\_\_\_\_ (Specify type of injury)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 103 West 13th St Date signed 4-30-48

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

*Dr. Gerding*

---

**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.....

*[Signature]*  
.....  
Licensed Embalmer No.....  
*2999*  
*ICC*

P. O. Address.....

**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.**