

S. No. 2
4-5-43
5-17-39
I X36671

FILED JAN 8 1949

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5137

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:
St. Lukes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-17-48-12-18-48
(Specify whether _____)

In this community 61 years
(years, months or days)

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") 3

(d) Street No. 651 West 70th Street
(If rural, give location) 8

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Jennie Clasen Clasen

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1948 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from _____, 19____;
Pathologist.

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F | 5. Color or race W

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

6. (b) Name of husband or wife Samuel

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 10 1887
(Month) (Day) (Year)

Immediate cause of death Brain tumor malignant

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 548

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>7</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business XXX

MOTHER FATHER

12. Name Max Jacobson

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

14. Maiden name Lena Adler

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy see above

16. (a) Informant Samuel Clasen

(b) Address 651 West 70th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-48
(Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill

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? _____

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland Ave. K. C. Mo.

23. Signature E.C.H. Schmidt (Specify type of place) _____ (c) Means of injury _____ (M. D. or other) _____

Address St. Lukes Hospital Date signed _____

19. (a) 12-18-48 (Date received local registrar) (b) Sheraldine Holmes (Registrar's signature)

18 Dec. 1948

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

68 24111

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.....

Joseph M M & Co. Embalmer

Registered Apprentice No. *275*

working under my personal supervision.

Signed.....

Guy Buffington

Licensed Embalmer No. *2754*

P. O. Address *R.C. 110.*

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.