

FILED FEB 21 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4822  
Registrar's No. 309

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>26 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>3223 Garner</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3223 Garner</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>VADA</b> b. (Middle) <b>LEONA</b> c. (Last) <b>CLAMP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-22-49</b>		
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1-31-1905</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>Monroe Childers</b>	13b. MOTHER'S MAIDEN NAME <b>Lina Crews</b>	14. NAME OF HUSBAND OR WIFE <b>Jack C. Clamp</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>--</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jack C. Clamp</b> ADDRESS <b>3223 Garner</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cachectic</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Carcinoma</b> DUE TO (c) <b>of pelvis and Abdomen</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Primary site, ascending sigmoid colon</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>153 X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1948, to Jan. 19, 1949, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>M. J. Shypper</b> (Degree or title) <b>M. J. Shypper, M.D.</b>	23b. ADDRESS <b>1115 Grand, K.C., Mo.</b>	23c. DATE SIGNED <b>1/22/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1-23-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Thayer, Missouri</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>1-22-49</b>	REGISTRAR'S SIGNATURE <b>Shaldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.E. Blackman &amp; Son Inc.</b> ADDRESS <b>2825 Indep. Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

*James W Wain*

Student Embalmer No. *98*

working under my personal supervision.

Student *James W Wain*.....

Student Embalmer

Signed.....

*O. K. McFarland*

Licensed Embalmer No. *4397*

P. O. Address *Kansas City*

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.