

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4861
648

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 35 Years		d. STREET ADDRESS (If rural, give location) 3940 So. Benton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3940 So. Benton			

3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Johnson c. (Last) Douglass			4. DATE OF DEATH (Month) (Day) (Year) 2-10-49		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; (Specify) Married	8. DATE OF BIRTH June 19, 1884	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME A. C. Johnson		13b. MOTHER'S MAIDEN NAME -		14. NAME OF HUSBAND OR WIFE Walter W. Douglass	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter W. Douglass 3940 So. Benton	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (b) cerebral arteriosclerosis			
		DUE TO (c) 33			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 **Feb 8, 1949**, to **Feb 10, 1949**, that I last saw the deceased alive on **Feb 8, 1949**, and that death occurred at **2 4** m., from the causes and on the date stated above.

23a. SIGNATURE Harry C. Wall (Degree or title) m D D		23b. ADDRESS 206 Apple Bldg K.C. Mo		23c. DATE SIGNED Feb 11, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 22/12/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
				24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	

DATE REC'D BY LOCAL REG 2-12-49		REGISTRAR'S SIGNATURE Steraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE 3235 GILLHAM PLAZA	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wm. Henry Walsh
Kavanaugh - Bridge Ave
St. Louis, Mo.

George T. Bledsoe

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address N.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.