

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

8582

1230

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>57 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3416 EAST 59TH STREET</u>				d. STREET ADDRESS (If rural, give location) <u>3416 EAST 59TH STREET</u>			
3. NAME OF DECEASED (Type or Print) <u>CLARENCE EDWARD RECKART</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>MARCH-15-1949</u>		(Month)		(Day)		(Year)	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY-10-1891</u>	
9. AGE (In years last birthday) <u>57 YRS</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 MRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <u>PRINTER - FOREMAN LITHOGRAPHING CO.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COMMERCIAL</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>E. J. RECKART</u>		13b. MOTHER'S MAIDEN NAME <u>NETTIE A. MILLER</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERTA LEE RECKART</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-01-8087</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROBERTA LEE RECKART</u> ADDRESS <u>3416 EAST 59TH STREET KANSAS CITY, MO</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis & uremia</u> ANTECEDENT CAUSES Due to (b) <u>Hypertension - Coronary Heart Disease.</u> Due to (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic Mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3+ mo</u> <u>14 yrs</u> <u>2 yrs</u>	
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>July 26</u> , 19 <u>47</u> , to <u>March 15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 14</u> , 19 <u>49</u> , and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank B. Leitz</u>		(Degree or title) <u>U</u>		23b. ADDRESS <u>1520 Prof. Bldg. Launcelet Mo</u>		23c. DATE SIGNED <u>3-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAR-17-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>AUSTIN</u>		24d. LOCATION (City, town, or county) (State) <u>TEXAS</u>	
DATE REC'D BY LOCAL REG. <u>3-17-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Son</u>		ADDRESS <u>1401 BROOK CREEK BLVD KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Edward M. Storey

Signed
Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address *K.C. 4 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.