

No. 300
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FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43756
State File No.

5471
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
c. LENGTH OF STAY (in this place) WIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION 1010 EAST 27TH STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
d. STREET ADDRESS (If rural, give location) 1010 EAST 27TH STREET

3. NAME OF DECEASED
a. (First) CLARENCE b. (Middle) JAMES c. (Last) MICHAELS

4. DATE OF DEATH (Month) (Day) (Year) DEC. 23 1949

5. SEX MALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** MARRIED

8. DATE OF BIRTH SEPT. 18 1901 **9. AGE** (In years last birthday) 48 YRS if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POLICEMAN **10b. KIND OF BUSINESS OR INDUSTRY** POLICE DEPT. **11. BIRTHPLACE** (State or foreign country) KANSAS CITY, MISSOURI **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME MICHAELS **13b. MOTHER'S MAIDEN NAME** RUTH MICHAELS **14. NAME OF HUSBAND OR WIFE** RUTH MICHAELS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) --- **16. SOCIAL SECURITY NO.** --- **17. INFORMANT'S SIGNATURE OR NAME** RUTH MICHAELS **ADDRESS** 1010 EAST 27TH STREET KANSAS CITY, MO.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
DUE TO (b) Coronary Sclerosis
DUE TO (c) 1/2 1/1

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death. Previous Occlusion

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Jan, 1948, to Dec. 23, 1949, that I last saw the deceased alive on 11-10, 1949, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] Ketcham (Degree or title) **23b. ADDRESS** KC MO. **23c. DATE SIGNED** 12/24/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Dec 27-49 **24c. NAME OF CEMETERY OR CREMATORY** Forest Hill **24d. LOCATION** (City, town, or county) (State) KC MO.

DATE REC'D BY LOCAL REG. 12-27-49 **REGISTRAR'S SIGNATURE** [Signature] **25. FUNERAL DIRECTOR'S SIGNATURE** [Signature] **ADDRESS** 1331 BRUSH CREEK BLVD KANSAS CITY, MO.

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

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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 John C. Fraking
Licensed Embalmer No. 4483

P. O. Address Kansas City, 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.