

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

31357
Do not use this space.

OCT 15 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 1745 West 50th Registered No. 3654
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joseph Wray Clower
 (a) Residence, No. 700 West 47th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Leas Clower
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1888
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 3 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Manager of Country Club branch of the Kelley-Williams Co.
 9. Industry or business in which work was done, as saw mill, bank, etc. Co.
 10. Date deceased last worked at this occupation (month and year) Sept 14, 1938
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

FATHER 13. NAME Frank Clower
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER 15. MAIDEN NAME Willi Fuqua
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Elizabeth Leas Clower (Wife)
 (ADDRESS) 700 West 47th St., Kansas Cy., Mo.

18. BURIAL: CREMATION, OR REMOVAL Elmwood Crematory
 PLACE Kansas City, Mo. DATE Sept. 20, 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure
 (ADDRESS) Kansas City, Missouri

20. FILED Sept 19 38 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 18, 1938

22. I HEREBY CERTIFY, that I attended deceased 38
Sept 14 1938 to Sept 18 1938
 I last saw him alive on Sept 18, 1938 Death is said to have occurred on the date stated above, at 9 P. M.
 The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis (Anterior Coronary Occlusion)
9403 Sept 14/38

Other contributory causes of importance:
Myocarditis, Lab., + Electrocardiogram

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of Injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. V. Hall M. D.
 (Address) 1132 DeSperance St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.

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