

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

34820
 Do not use this space.

1939 NOV 14 1939

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
 (b) Township KAW Primary Registration District No. 1602 Registered No. 3795
 (c) City KANSAS CITY (d) Street No. 6101 MORNINGSIDE DRIVE St.
 (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 51 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 6101 MORNINGSIDE DRIVE 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 MRS. BLANCHE S. CLOUDSLEY
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 4 1888
 7. AGE YEARS 51 MONTHS 2 DAYS 25 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MILLINERY
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME HARRY LINCOLN CLOUDSLEY
 14. BIRTHPLACE (CITY OR TOWN) BALTIMORE (STATE OR COUNTRY) MARYLAND

MOTHER 15. MAIDEN NAME LILLIAN MYRTLE BOWLIN
 16. BIRTHPLACE (CITY OR TOWN) MEMPHIS (STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS. BLANCHE S. CLOUDSLEY (ADDRESS) 6101 MORNINGSIDE DRIVE

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE OCTOBER 2, 1939

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SONS (ADDRESS) 1401 BRUSH CREEK BLVD

20. FILED Oct 2 1939 37 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 29, 1939

22. I HEREBY CERTIFY That I attended deceased from Sept. 19 1939, to Sept. 29 1939
 I last saw him alive on Sept. 29 1939. Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:
Bronchogenic carcinoma (rt.) Date of onset about 1937
H7

Other contributory causes of importance:
Lung Abscess - 6 months ago.
Bronchial pneumonia - 4 days duration
 Name of operation Bronchoscopy Date of 9-23-39
 What test confirmed diagnosis? Was there an autopsy? Yes

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 Paul F. Hunt M. D.
 (Signed) 4240 W. Brady - K.C. 20
 (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 *Emile M. Cochran*

Licensed Embalmer No. *3506*

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, above space should be left blank.