

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17455

State File No.

1982

Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3637 Troost Avenue 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether)
In this community 35 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City
(If outside city or town limit write "RURAL")
(d) Street No. 3637 Troost
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Fred C. Clippinger 415

3. (b) If veteran, name war No. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mabell P. Clippinger 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased January 8 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 2 hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher 1

11. Industry or business X

MOTHER FATHER { 12. Name Humphrey Clippinger 9
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant C. C. James

(b) Address 3637 Troost, Kansas City, Mo.

17. (a) Burial (b) Date thereof 5-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) May 13, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th,
year 1940 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from May 10, 1940, to May 10, 1940;
that I last saw him alive on May 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary edema
Due to Coronary thrombosis 5 days
Due to arterio sclerosis

Other conditions GIAD
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature Dr. H. J. ... (M.D. or other)
Address 416 ... Date signed ...

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

Dr. Dan Hogan,
1547 E. B. Road,
1/15/49

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 *D. J. Allen*

Licensed Embalmer No. 1410

P. O. Address J. 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, above space should be left blank.