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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB JUN 17 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17655

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2182

**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: 4341 Tracy Avenue (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution --- (Specify whether

In this community 40 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 limits write "RURAL")

(d) Street No. 4341 Tracy Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? 75 Years years.

**3. (a) PRINT FULL NAME** Mrs. Mary Anna Claypool 414

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Edward Claypool

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased August (Month) 2 (Day) 1859 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 80 | 9 | 25 | hr. min. |

9. Birthplace (City, town, or county) Germany (State or foreign country) 6

10. Usual occupation At Home 6

11. Industry or business ---

FATHER
12. Name Unknown Aida
13. Birthplace (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Caroline Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Cecelia Heiser

(b) Address 4341 Tracy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1940 (Month) (Day) (Year)

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

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 28, 1940 (Date received local registrar) (b) M. M. Drowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 27th year 1940 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 16, 1940 to May 27, 1940 that I last saw her alive on May 27, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Arteriosclerosis | |
| Due to Old age | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) Chronic myocarditis | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Archie N Johnson MD (M. D. or other)

Address 836 Argyle Bldg. Date signed May 28 40

Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

10:45-18:30

**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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.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.**