

FILED OCT 11 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **31210**Registration District No. **399**Primary Registration District No. **1002**Registrar's No. **32723**

## 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:  
**3507 Jefferson,**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **no.** (Specify whether  
 years, months or days) **24 years.**

3. (a) PRINT FULL NAME **Mrs. Willie Fuqua Clower,**3. (b) If veteran, name war **no.** 8. (c) Social Security No. **no.**4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**6. (b) Name of husband or wife **Frank M. Clower,** 6. (c) Age of husband or wife if alive **Unknown** years7. Birth date of deceased **December 31 1863**  
(Month) (Day) (Year)8. AGE: Years **76** Months **8** Days **28** If less than one day  
hr. min.9. Birthplace **Texas,** (City, town, or county) (State or foreign country)10. Usual occupation **at home,**11. Industry or business **x**MOTHER FATHER { 12. Name **George S. Fuqua,** 13. Birthplace **Virginia,**  
(City, town, or county) (State or foreign country)14. Maiden name **Ann Elizabeth Jones,**15. Birthplace **Virginia,**  
(City, town, or county) (State or foreign country)16. (a) Informant **Mrs. Louise Chinn,**  
(b) Address **3507 Jefferson, K. C., Mo.**17. (a) **K. C., Mo** (b) Date thereof **9-30-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **ELMWOOD**18. (a) Signature of funeral director **Stine & McClure,**  
(b) Address **3235 Gillham Plaza, K. C., Mo.**19. (a) **9-30-40** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

## 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. **3507 Jefferson,**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **No.** years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September,** day **28th,**  
year **1940** hour **10:45** minute **A.** M.21. I hereby certify that I attended the deceased from **Sept 7** to **Sept 28**, 19**40**  
that I last saw her alive on **Sept 28**, 19**40**  
and that death occurred on the date and hour stated above.Immediate cause of death **Carcinoma of Stomach 2, 1/2 in.** Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **4**  
(Include pregnancy within 3 months of death)Major findings: **None** Of operationsOf autopsy **None**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. V. Dool** (M. D. or) \_\_\_\_\_\*Address **1227 Progenosby** Date signed **Sept 28/40**  
**Ke-mal**

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

Dr. J. V. Bell,

Proff. Body  
2 sheets

---

---

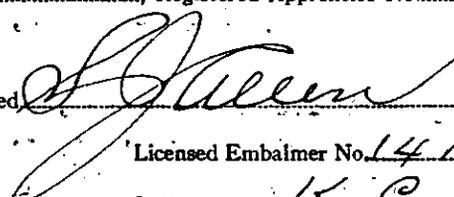
**STATEMENT BY LICENSED EMBALMER**

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. 1416

P. O. Address K. C. Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.