

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1419
Registrar's No. 379

Registration District No. 399

Primary Registration District No. 1002

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

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:
2204 Oakley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2204 Oakley
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1941 hour 7 minute 30P.M.

21. I hereby certify that I attended the deceased from 11-22, 1940 to 1-25, 1941
that I last saw him alive on 1-25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Sub acute Bacterial Endocarditis

Due to Rheumatic Endocarditis

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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)
(c) Means of injury D

23. Signature Joseph C. Crow (M. D. or nurse)
Address 1620 Pine Bluff Date signed 1-27-41

3. (a) PRINT FULL NAME Ralph Herman Claxton

3. (b) If veteran, name war No 3. (c) Social Security No. 487 01 8410

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mabel Claxton 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Oct 10 1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 3 Days 10 If less than one day
hr. _____ min. _____

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

10. Usual occupation Dispatcher

11. Industry or business Public Service Company

12. Name N. Floyd Claxton

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

14. Maiden name Cleo Crider

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

16. (a) Informant Mabel Claxton

(b) Address 2204 Oakley

17. (a) Burial (b) Date thereof Jan. 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) Jan 27 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

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

Signed Leff Wise

Licensed Embalmer No. 2590

P. O. Address Kansas City

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, fact should be so stated above.