S. No. 2
—4-13-40
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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13980

State File No.

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 462

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

11 1 7

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 minutes (Specify whether
In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1 (If outside city or town limits, write "RURAL")
(d) Street No. 711 N. 22nd 7 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jasper R. Claimer
3. (b) If veteran, name war None
3. (c) Social Security No. 508-10-5039
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Eva H. Claimer
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased March (Month) 15 (Day) 1901 (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	1	11	hr. min.

9. Birthplace Odel (City, town, or county) Nebraska 1 (State or foreign country)
10. Usual occupation florist designer
11. Industry or business Dick's Flower Shop
FATHER
12. Name Harry Claimer
13. Birthplace Leavenworth (City, town, or county) Kansas 1 (State or foreign country)
MOTHER
14. Maiden name Edith Johnson
15. Birthplace Melbourne (City, town, or county) Iowa 1 (State or foreign country)
16. (a) Informant Mrs. Eva H. Claimer
(b) Address 711 N. 22nd, St. Joseph, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/28/41 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln, Nebraska
18. (a) Signature of funeral director Heaton BeGole Bowman
(b) Address St. Joseph, Mo.
19. (a) Apr 28 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th year 1941 hour 12 minute 10 p.M.
21. I hereby certify that I attended the deceased from Apr 26, 1941, to Apr 26, 1941; that I last saw him alive on Apr 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	4/26/41
Due to	
Due to	
Other conditions: Chr Endocarditis - (Include pregnancy within 3 months of death)	—

92 H

Major findings:
Of operations —
Of 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? (Specify type of place)
85
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.
Address Kenwood Bldg Date signed 4/27/41

(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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 Apr 26-4

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Wm E Summerfield

Licensed Embalmer, No. 3007

P.O. Address 319 S. 11 St Joseph

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.