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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33734

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4338

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: 7340 Cleveland Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
In this community 30 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 7340 Cleveland Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country --

3. (a) PRINT FULL NAME Mrs. Louise Eberhardt Clayton

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Charles Clayton
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased July (Month) 11 (Day) 1867 (Year)

8. AGE: Years 76 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Boonville (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business --

FATHER
12. Name Fredrick Eberhardt
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Susan Rader
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mr. Charles Clayton
(b) Address 7340 Cleveland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 10-12-43 (Date received local registrar) (b) P. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th year 1943 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw her alive on October 10th, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular disease Nephritis Ch. of
Due to years standing with
Due to hypertension Cardiac failure or decompensation
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131
Of autopsy

Duration

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 Terry E. Lilly (M. D. or other) M.D.
Address 807 Argyle Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side) KC. Missouri

Argyle Bldg. 1

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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, fact should be so stated above.