V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 2 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23634

State File No. 2950

Registration District No. 149 Primary Registration District No. 1062 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 606½ W. 14th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 14 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 606½ W. 14th St. (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Gladys Clopp

3. (b) If veteran, name war none

3. (c) Social Security No. 495-20-5886

4. Sex F 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Wesley Clopp

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased June (Month) 21 (Day) 1910 (Year)

8. AGE: Years 34 Months 0 Days ~~21~~ 23 If less than one day hr. min.

9. Birthplace Liberty (City, town, or county) MO (State or foreign country) 0

10. Usual occupation Machine Operator

11. Industry or business and housewife

FATHER
12. Name John Harris
13. Birthplace Paradise (City, town, or county) MO (State or foreign country) 0

MOTHER
14. Maiden name Ethel Moore
15. Birthplace (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant Helen Foney

(b) Address 606½ West 14th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Smithville MO

18. (a) Signature of funeral director Steinbachers

(b) Address 3146 Main St., K.C.Mo.

19. (a) 7-17-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1944 hour 12:35 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... Deputy Coroner ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 108

Major findings:
Of operations

Of autopsy See Above

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 A. E. Upsher (M. D. or other) MD

Address 23 McCoy Date signed 7/6/44

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas J. Steinbacher

Licensed Embalmer No. 3930

P. O. Address Kansas City 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.