

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40031

State File No.

FILED JAN 11 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5325

1. PLACE OF DEATH:

(a) County Research 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:
Research at 24th Holome
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 weeks
 (Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Ray 89
 (c) City or town Rayville 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME

Edward Monroe Clapper
 3. (b) If veteran, name war V no
 3. (c) Social Security No. 487-67-3735

4. Sex M 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased xx May 11, 1883
 (Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 17 If less than one day
 hr. _____ min. _____

9. Birthplace Stoutsville Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

12. Name J. H. Clapper
 13. Birthplace Hillsbough Va.
 (City, town, or county) (State or foreign country)
 14. Maiden name Susan Hurd
 15. Birthplace Monroe Co., Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Kate Rice
 (b) Address Cartwright Okla.

17. (a) burial (b) Date thereof 12-31-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond mo

18. (a) Signature of funeral director J. E. Broadhurst

(b) Address Rayville mo

19. (a) 12-29-44 (b) N. E. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day Dec
 year 1944 hour _____ minute 4:10 P.M.

21. I hereby certify that I attended the deceased from Dec 27 1944
 _____, 19____, to Dec 28, 1944
 that I last saw him alive on Dec 28, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Perforated
Bladder ulcer.
 Due to old ulcer.

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 117 lb

Major findings:
 Of operations _____
 Of autopsy as stated above

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) _____
 (e) Means of injury While at work?
 23. Signature James L. Hodge (M. D. or other) _____
 Address South Kansas City Mo Date 12/29/44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 J. E. Broadhurst
Licensed Embalmer No. 2171
P. O. Address Papille, 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.