S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1021

Registration District No. FILED FEB 14 1945 9

Primary Registration District No. 1002

Registrar's No. 444

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:
3231 Prospect St.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months (Specify whether
In this community 9 months / years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Holden 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. none
(If rural, give location)

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

If yes, name country XXXX

3. (a) PRINT FULL NAME GEORGE MARION CLAUNCH

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Bessie E. Claunch

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 25, 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	11	27	hr. min.

9. Birthplace Johnson County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business same

FATHER
12. Name George W. Claunch
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancie Jane Smith
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie E. Claunch
(b) Address Holden, Missouri.

17. (a) Burial (b) Date thereof 1/24/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri

19. (a) 1-29-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1945 hour 7 minute A M.

21. I hereby certify that I attended the deceased from June, 1944, to Jan 22, 1945;
that I last saw him alive on Jan 22, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	5 yrs
Due to Arterio Sclerosis	5 years
Due to —	
Other conditions (Include pregnancy within 3 months of death) 93d	
Major findings: Of operations —	
Of autopsy no	

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 0

23. Signature M B Casebolt MD (M.D. or other)
Address 4000 Baltimore K-C Mo Signed 1-22-45

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.