

S. No. 2  
M-5-43  
5-17-39  
I X36671

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

9333  
9334

State File No. \_\_\_\_\_

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1438

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: St. Marys Hospital  
(d) Length of stay: In hospital or institution 7 Weeks  
In this community 7 Weeks

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis  
(c) City or town Sedalia Missouri  
(d) Street No. 1322 South Grand Ave.  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clarence Edward Clopton  
3. (b) If veteran, name war No 3. (c) Social Security No. ?

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 25th year 1946 hour 5 minute 45 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Violet May Clopton 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased 1 10 1907  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 16 1946, to March 28 1946 that I last saw h. alive on March 25 1946 and that death occurred on the date and hour stated above.

Immediate cause of death  
Rheumatic mitral stenosis 2 yrs  
Congestive Heart Failure 1 mo  
Auricular Flutter 3 mo

8. AGE: Years Months Days If less than one day  
39 2 15 hr. min.

Other conditions (Include pregnancy within 3 months of death)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

10. Usual occupation Manager Pacific Cafe

11. Industry or business \_\_\_\_\_

12. Name Thos. A. Clopton

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Della Maude Taylor

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Thos. A. Clopton

(b) Address Sedalia Missouri

17. (a) Removal (b) Date thereof 3-26-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Pk. Sedalia

18. (a) Signature of funeral director Mrs. C.L. Forster  
(b) Address Kansas City, Missouri

19. (a) 3-26-46 (b) Geralline Holmes  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Graham Asher (M. D. or other) \_\_\_\_\_  
Address 2200 Highland Bldg Date signed 3-26-46

(Licensed Embalmer's Statement on Reverse Side)

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

8259

8259

12-1-19  
1220  
Dr. Yoder

**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..... *JOE B. Yoder*.....  
Licensed Embalmer No. *4173*.....  
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.**