

No. 2
1-5-43
5-17-39
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State File No. **20615**
Registrar's No. **239**

FILED JUL 14 1948
Registration District No. **4**

Primary Registration District No. **3026**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **D.O.A.** (Specify whether
In this community **19 Years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Rural Blue Township** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **1503 So. Mc Coy** **0**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No) **1**
If yes, name country

3. (a) PRINT FULL NAME **CLAUDE ELMER CLOIN**

3. (b) If veteran, name war

3. (c) Social Security No. **487-12-5968**

4. Sex **Male** 0

5. Color or race **White**

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

6. (b) Name of husband or wife **Ida R. Cloin**

6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **June 6, 1910**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
36	0	23	hr. min.

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

10. Usual occupation **Truck Driver**

11. Industry or business

12. Name **Lawrence Cloin**

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

14. Maiden name **Agnes Brittingham**

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

16. (a) Informant **Mrs. Ida R. Cloin**

(b) Address **Independence, Missouri**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **7/1/48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Princeton, Indiana**

18. (a) Signature of funeral director **Robert R. Speake**

(b) Address **Independence, Missouri**

19. (a) **7-2-1948** (Date received local registrar) (b) **James Tracy** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **29**
year **1946** hour **8:20** minute **8** M.

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

Immediate cause of death **Principles Immunity**

Due to **Tuberculous myocarditis**

Due to **arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **107**

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **James Tracy** (M. D. brother) **3**
Address **1424 N. J. St.** Date signed **6-30-46**

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

Dubin L. Repley

Licensed Embalmer No.

42255

P. O. Address

Indep. 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.