

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **20962**  
 Registrar's No. **2619**

FILED JUN 30 1947  
 779

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

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

**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:  
**3334 Bellefontaine** /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **XX**  
(Specify whether)  
 In this community **16 years**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson** /  
 (c) City or town **Kansas City** /  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3334 Bellefontaine** /  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Mrs. Amelia Wilhelmina Gloe**  
 3. (b) If veteran, name war **XX** 3. (c) Social Security No. **None**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **June** day **16th**  
 year **1947** hour **12:** minute **35** **A** M.  
**21. I hereby certify that I attended the deceased from** **Apr 10 1947**  
 \_\_\_\_\_, 19\_\_\_\_, to **June 16**, 19\_\_\_\_  
 and that death occurred on the day and hour stated above.  
 Immediate cause of death: **Adeno-carcinoma of breast Bilateral**  
 Duration **3 yrs.**

4. Sex **Fe** / 5. Color or race **Wh**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Rev. Virtus Gloe**  
 6. (c) Age of husband or wife if alive **54** years  
 7. Birth date of deceased **November 28 1893**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>53</b>	<b>6</b>	<b>18</b>	_____ hr. _____ min.

9. Birthplace **Worktown Iowa** /  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

MOTHER FATHER { 12. Name **August Claybaker**

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

14. Maiden name **Wilhelmina Bosse**

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

16. (a) Informant **Rev. Virtus Gloe**

(b) Address **3334 Bellefontaine**

17. (a) **Burial** (b) Date thereof **6-18-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **JM Wagner**  
 (b) Address **Kansas City, Mo.**

19. (a) **6-17-47** (b) **M Geraldine Holme**  
(Data received local registrar) (Registrar's signature)

Other conditions **None**  
(Include pregnancy within 3 months of death)  
 Major findings: **50**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**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 **2**  
 Signature **A E Vaughn** (M. D. or other) **D.O.**  
 Address **616 Chavelier** Date signed **6-17-47**

**15 C 140** **47**

11 - 87 579  
John H. ...

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**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 Alvin R. Hunscheld

Licensed Embalmer No. 4159

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.**