

FILED JAN 7 1948

Registration District No. 1948-6
Primary Registration District No. 3026

Registrar's No. 379

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 Sanitorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs.
(Specify whether years, months or days)

In this community 29 yrs.

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. 500 So Drury
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Wallace Clore

3. (b) If veteran, name war no

3. (c) Social Security No. 487-05-3830

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Edith P. Blout Clore

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 1 17 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>11</u>	<u>0</u>	_____hr. _____min.

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

10. Usual occupation Crane Inspector

11. Industry or business Sheffield Steel Corp.

12. Name George L. Clore

13. Birthplace Boone County, Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Rouse

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

16. (a) Informant Mrs. Edith Clore

(b) Address 500 So. Drury

17. (a) Burial (b) Date thereof 12/20/47
(Date received local registrar) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director James P. Sh...

(b) Address Kansas City, Mo.

19. (a) 12-20-47 (b) James P. Sh...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17
year 1947 hour 2:58 minute 8 M.

21. I hereby certify that I attended the deceased from Crown, 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 fractured skull

Due to Crushed chest & pelvis

Due to Ruptured spleen

Other condition Auto-pneumothorax & shock
(Include pregnancy within 8 months of death)

Major findings: 176

Of operations _____

Of autopsy yes

Duration _____

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 12-17-47

(c) Where did injury occur? So. Drury
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place
(Specify type of place)

While at work? yes (e) Means of injury Crushed by tire

23. Signature James P. Sh... (M. D. or other) _____

Address 1424 1/2 N. 11th Date signed 12-17-47

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

18
1-1-48

JUL 1 4 1949

MAY 20 1965

JAN 12 1948

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

John P. Sheil

Licensed Embalmer No. 3625

P. O. Address 156 md

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.