FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 23 1948

Registration District No. 73

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22580

Primary Registration District No. 5291

Registrar's No. 62

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Liberty (Twp.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Zoo F. Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 1/2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Clay

(c) City or town: Liberty
(If outside city or town limits, write "RURAL")

(d) Street No. Zoo F. Home Liberty Mo.
(If rural, give location)

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

If yes, name country: ✓

3. (a) PRINT FULL NAME: William R. Claudy

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Male

5. Color or race: Wh.

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

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: Unknown (Month) (Day) 1875 (Year)

8. AGE: Years 73 | Months — | Days — | If less than one day ..... hr. ..... min.

9. Birthplace: Philadelphia Pa. (City, town, or county) (State or foreign country)

10. Usual occupation: Unknown

11. Industry or business: ✓

MOTHER FATHER

12. Name: Homer Claudy

13. Birthplace: Philadelphia Pa. (City, town, or county) (State or foreign country)

14. Maiden name: Sarah Richards

15. Birthplace: Philadelphia Pa. (City, town, or county) (State or foreign country)

16. (a) Informant: F. Bromine

(b) Address: Liberty Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 16 48 (Month) (Day) (Year)

(c) Place: burial or cremation: Liberty Mo

18. (a) Signature of funeral director: Lewis Funeral Co.

(b) Address: Liberty Mo

19. (a) July 16-1948 (Date received by local registrar) (b) Minnie Hayes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1948 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from March 17, 1947 to July 15, 1948 that I last saw him alive on 7/15/1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	2 mos.
Due to: Cerebral atherosclerosis	10 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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):

(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:

23. Signature: L. O. Schroeder (M. D. or other) M.D.

Address: Liberty, Mo. Date signed 7/16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-22-48

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 Fonhora

Licensed Embalmer No. 4448

P. O. Address Liberty Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.