

SEP 5 1940
Registration District No. **399**

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 64 Years years, months or days)

3. (a) PRINT FULL NAME MAY CLOSSER **1276**
3. (b) If veteran, name war None **3. (c) Social Security** No. None

4. Sex Female **5. Color or** White **6. (a) Single, widowed, married,** Married
6. (b) Name of husband or wife Mr. Ira V. Closser **6. (c) Age of husband or wife if** 64 years
7. Birth date of deceased September 1st 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>11</u>	<u>5</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER
12. Name Samuel Baker
13. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emma Fann
15. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ira V. Closser
(b) Address 2535 Benton Blvd.

17. (a) Burial **(b) Date thereof** Aug. 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Murrells Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Aug. 7, 1940 **(b) M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State 0 Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
2535 Benton
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6th
year 1940 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from Aug. 2nd 1940 to Aug. 6th, 1940, 19____;
that I last saw her alive on Aug. 6th, 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myelitis, myelomalacia
Due to 81
Other conditions Hypostatic bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above

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 Bruce P. Shaw (M. D. or other)
Address Med. Dir. K.C. Gen. Hosp. **Date signed**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

A. C. Newcomer Jr.

Licensed Embalmer No.

4043

P. O. Address

A. C. M.

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, above space should be left blank.