

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 11 1942

Registration District No. 903Primary Registration District No. 4545

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County North
 (b) City or town Grant City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

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

- (d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____
years, months or days) Life

3. (a) PRINT

FULL NAME

JOHN CLOOS

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, Divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased
- June
- 24
- 1865
-
- (Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 2 If less than one day
 hr. _____ min. _____

9. Birthplace
- Grant City, Mo.
-
- (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name George Cloos
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Katharine Koppel
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant
- George Cloos

(b) Address Grant City, Mo.

17. (a)
- Burial
- (b) Date thereof
- 1-42
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wetchell Cem

18. (a) Signature of funeral director
- John C. Rumpel

(b) Address Grant City, Mo.

19. (a) _____ (b) _____
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County North
 (c) City or town Grant City
 (If outside city or town limit, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Jan
- day
- 26
-
- year
- 1942
- hour
- 5 A.M.
- minute _____ M.

21. I hereby certify that I attended the deceased from Jan 18
 _____, 1942, to Jan - 26, 1942
 that I last saw him alive on Jan 26
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Myocardial Regurgitation
of heart

Due to _____

Other conditions r
(Include pregnancy within 3 months of death) g2Major findings: r
Of operations _____Of autopsy no

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 Dr. Rase MD (M. D. or other) ✓Address Grant City, Mo. Date signed Jan 26

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

Registration District No. 903

Primary Registration District No. 4545

1. PLACE OF DEATH:

- (a) County Worship City
(b) City or town Worship City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

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

- (d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

In this community _____

3. (a) PRINT FULL NAME

John C. Cloas

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 24 (Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days _____ If less than one day _____ min.

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

10. Usual occupation

11. Industry or business

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Jan 30, 1942 (b) Arlene Scadden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 26
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

- Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
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 _____

23. Signature _____ (M. D. or other)
Address _____ Date signed _____

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

SUPPLEMENTARY

4. The fourth part of the document discusses the application of the findings to the management of the organization. It describes how the information can be used to make informed decisions and to develop strategies for improving performance.

