

Registration District No. **374**

Primary Registration District No. **6273**

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: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Life** years, months or days

3. (a) PRINT FULL NAME

GEORGE CLOOS

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

married

6. (b) Name of husband or wife

Louella Cloos

6. (c) Age of husband or wife if

alive **64** years

7. Birth date of deceased

July

24

1875

8. AGE:

Years

Months

Days

If less than one day

67

1

19

hr.

min.

9. Birthplace

North county mo

mo

10. Usual occupation

farmer & groceryman

11. Industry or business

MOTHER FATHER

12. Name

George Cloos

13. Birthplace

Germany

14. Maiden name

Katharine

15. Birthplace

Germany

16. (a) Informant

Louella Cloos

(b) Address

Grant city, mo.

17. (a)

Reburial

(b) Date thereof

9-15-1942

(c) Place: burial or cremation

Grant city cemetery

18. (a) Signature of funeral director

J. C. Dumble

(b) Address

Grant city, mo.

19. (a)

Sept 26-1942

(b)

Arlene Scadden

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **North**
(c) City or town **Grant city, mo.**
(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 **Sept** day **13** year **1942** hour **4** minute **30** P.M.

21. I hereby certify that I attended the deceased from **May-10** 1942 to **Sept-13** 1942

that I last saw him alive on **Sept-11** 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of liver - 6 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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

J. C. Dumble (M. D. or other)

Address

Date signed **Sept 13-42**

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

1104

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, fact should be so stated above.