S. No. 2
M—5-42
. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

Registration District No. 1 4 9

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5075

Registrar's No. 1948

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: 1515 Charlotte / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXX (Specify whether In this community 59 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 1515 Charlotte (If rural, give location)

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

If yes, name country XX 0

3. (a) PRINT FULL NAME Duard B Clasby

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex m

5. Color or race W 0

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April 11, 1883 (Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 4 ~~26~~ If less than one day hr. min.

9. Birthplace Jackson County, mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business none.

FATHER
12. Name Jacob H. Clasby
13. Birthplace Kentucky (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Mollie Fisher
15. Birthplace Kentucky (City, town, or county) / (State or foreign country)

16. (a) Informant Robert E Clasby

(b) Address Indep, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/43 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address Kansas City, Mo.

19. (a) 2/15/43 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15 year 1943 hour 2:05 minute P. M.

21. I hereby certify that I attended the deceased from Coroner to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Death by hanging	
Due to 164 hrs	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Inspection & history

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) suicide

(b) Date of occurrence 2/15/43

(c) Where did injury occur? K.C. Mo. Jackson Co. (City or town) (County) (State)

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

While at work? no (e) Means of injury hand self with rope

23. Signature [signature] (M. D. or other)

Address K.C. Mo. Date signed 2/15/43

(Licensed Embalmer's Statement on Reverse Side)

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 Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. H. Regemin

Licensed Embalmer No. 2744

P. O. Address K.C., MO

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.