

S. No. 2  
M-5-42  
5-17-39  
X3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9587

State File No. ....

FILED MAR 22 1943  
Registration District No. 42

Primary Registration District No. 1002

Registrar's No. 292

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2718 Monterey Street,  
(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 4 years,  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 2718 Monterey Street,  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Susan E. Claypool,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William H. Claypool, alive..... years

6. (c) Age of husband or wife if

7. Birth date of deceased May 4th, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 10 4 hr. min.

9. Birthplace Williamsson County, Illinois,  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business.....

MOTHER FATHER

12. Name Unknown, Youngblood

13. Birthplace Unknown,  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown,

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

16. (a) Informant Oscar H. Hilliford,

(b) Address 2718 Monterey Street,

17. (a) Burial (b) Date thereof 310 / 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Rose Heigug

(b) Address 319 So. 10th Street Home

19. (a) 3-10-43 (b) Rose Heigug  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th.  
year 1943 hour 7:00 minute 30a M.

21. I hereby certify that I attended the deceased from on  
Mar 8th 1943 to..... 19.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic Angina Pectoris 2 yrs

Coronary Sclerosis 2 yrs

emphysema 18 yrs

Due to Woman died suddenly

Due to following numerous

Other conditions attacks of acute  
(Include prescription within 3 months of death)

indigestion and pain

Major findings in her left chest

Of operations.....

Of autopsy No. 948

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 H. J. M... 3 (M. D. or other) Coroner

Address 404 So 3rd St Date signed 3/10/43

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

**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.....

3/8/43

....., Registered Apprentice No.

working under my personal supervision.

Signed

*Harold Bowman*

Licensed Embalmer No.

3619

P.O. Address

*St. Joseph, 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.**