

ED SEP 7 1949

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3719

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Jackson City  
(c) Name of hospital or institution 1222 Holmes 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
In this community 10 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1222 HOLMES  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME WILLIAM R. CLOUD  
3. (b) If veteran, name was SPANISH AMERICAN  
3. (c) Social Security No. none

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ANNA CLOUD  
6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased DEC 23 1879  
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 4  
If less than one day hr. min.

9. Birthplace WILSON COUNTY KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER { 12. Name UAKOWA Harlow Cloud  
13. Birthplace Pa  
14. Maiden name UAKOWA Mary Johnson  
15. Birthplace Pa

16. (a) Informant Mrs. MARGARET ANNA CLOUD

(b) Address 1222 HOLMES

17. (a) BURIAL (b) Date thereof AUG 30 49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth KANS.

18. (a) Signature of funeral director O.P. Spurgeon  
(b) Address 2332 Montair Place

19. (a) 8-28-49 (b) P.E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 27  
year 1949 hour 7 minute 27 P.M.

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

Immediate cause of death Carcinoma of the larynx

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 470

Major findings: Of operations prostatectomy, history  
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?  
While at \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature CC-M 3 (M. D. or other)  
Address \_\_\_\_\_ Date signed 8/28/49

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

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

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**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

*Oscar A. Samuelson*

Licensed Embalmer No.

*3002*

P. O. Address

*Kansas City 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.**