No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 20825

Registrar's No. 2557

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: General Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days) 0
In this community 1year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48 3 8
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 610 W. 12th S.t
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Cloe Edward Richard
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: single 0
6. (b) Name of husband or wife: Child
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 14th (Day), 1943 (Year)
8. AGE: Years 1 Months 1 25 Days 3 If less than one day hr. min.
9. Birthplace: Kansas City (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Child
11. Industry or business:
MOTHER FATHER
12. Name: Herbert Cloe
13. Birthplace: (City, town, or county) Missouri 0 (State or foreign country)
14. Maiden name: Mary Himmer
15. Birthplace: (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: Herbert Cloe
(b) Address: 610 West 12th, St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington
18. (a) Signature of funeral director: Karp Funeral Home
(b) Address: K. C. Mo
19. (a) 6-17-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 1944
year hour 11 minute 30p M.
21. I hereby certify that I attended the deceased from June 15, 1944, to June 17 44, 19; that I last saw h. in alive on June 17 1944 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumococcic meningitis	
Due to:	
Due to: 81a	
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: A. E. Upsher (M. D. or other) MD
Address: Date signed:

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John B. Casp

Licensed Embalmer No. 2955

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.