

FILED AUG 14 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

3189

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:
475 Wallace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 15 years
years, months or days

3. (a) PRINT FULL NAME LAURA N. CLORE

3. (b) If veteran, name war X no 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George L. Clore 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 4, 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Covington Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business At home

12. Name Thomas Baldwin

13. Birthplace Wheeling W. Va.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mullen

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

16. (a) Informant Mrs. May Smith

(b) Address 475 Wallace

17. (a) Burial (b) Date thereof 8-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address 2825 Indep. Blvd. K.C. Mo.

19. (a) 8-4-44 (b) M.E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 475 Wallace
(If rural, give location)
(e) Citizen of foreign country? U (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2
year 1944 hour 6 minute A M.

21. I hereby certify that I attended the deceased from July 10 1944 to Aug 2 1944
that I last saw the deceased alive on 5 P.M. Aug 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to Chronic Endocarditis

Due to Nephritis Chronic

Other conditions (Include pregnancy within 3 months of death) 1316

Major findings: Of operations 1316
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?

23. Signature Calvin A. Beard (Specify type of place) (c) Means of injury
Address 2307 Bryant (City or town) (County) (State) (Other)

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

MOYLER FATHER

Dr. Calvin Beard
Bryant Bldg.

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

H. B. Blackman

Licensed Embalmer No.

3639

P. O. Address

R. 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.