V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23244

FILED JUL 23 1945

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2917

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:
Home- 1612 Cypress /
(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 3 Years

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")

(d) Street No. 1612 Cypress Ave. 8
(If rural, give location)

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

3. (a) PRINT FULL NAME Clynt Tabor

3. (b) If veteran, name war No

3. (c) Social Security No. 451-09-0628

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mable Tabor

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Jan (Month) 3rd. (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
59	6	7	hr. min.

9. Birthplace (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation Welder

11. Industry or business Dwyer Co.

MOTHER FATHER

12. Name Levi Tabor

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

14. Maiden name Jennie Dudley

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

16. (a) Informant Mrs. Mable Tabor

(b) Address 1612 Cypress Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 4139 East 15th. St.

19. (a) 7-11-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th, year 1945 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from July 9-45 to July 10 19 45, to , 19 ; that I last saw him alive on July 8 19 45 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 10-8

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? Means of injury

23. Signature Amin Boutros (M. D. or other) MD

Address 46 Argyle Date signed 7-10-45

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Boutrous
Argyle 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 John B. Earp

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 with the above constitutes grounds for revocation of license.)

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