

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20199

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2494

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:
4020 Terrace /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

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. 4020 Terrace 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME DANIEL CLAUSER

3. (b) If veteran, name war No

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
year 1946 hour 8:00 minute P. M.

4. Sex Ma 5. Color or race Wh

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

6. (b) Name of husband or wife Lizzie Clauser

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: January 1 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15 1946 to June 4 1946
that I last saw him alive on June 4 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 5 Days 3
If less than one day hr. _____ min. _____

Immediate cause of death: Coronary Heart Disease

9. Birthplace: Leavenworth Kansas 1
(City, town, or county) (State or foreign country)

Due to Pneumonia

Due to Chronic Interstitial Nephritis

10. Usual occupation Retired Asst. Superintendent

Other conditions: 131a
(Include pregnancy within 3 months of death)

11. Industry or business Norris Grain Company

Major findings: 131a

Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

12. Name John Clauser

13. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

14. Maiden name Priscilla Nosker

15. Birthplace Columbus Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lizzie Clauser

(b) Address 4020 Terrace

17. (a) Burial Mt. Washington (b) Date thereof 6-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director J.M. Wagner
Kansas City, Mo.

(b) Address _____

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 ✓

19. (a) 6-6-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature M. J. Jewell (M. D. or other) MD
Address 1722 W 39 Date signed 6-5-46

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

MOTHER FATHER

1722
VA 5883
N. 39th

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. Alvin R. Kammack

Licensed Embalmer No. 4159

P. O. Address. Kansas City

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.