

S. No. 2
M-5-43
5-17-39
P 1 X3687

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

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

State File No. 27061
Registrar's No. 3395

FILED AUG 19 1946
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Labelle Hotel 15th Holmes
(d) Length of stay: In hospital or institution 10 yrs
In this community 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Kansas City
(d) Street No. Labelle Hotel 15th Holmes
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Ira Closser
(b) If veteran, name war none
(c) Social Security Do not know

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 6 year 1946 hour 10:00 minute a M.
21. I hereby certify that I attended the deceased from now 19 to 19 ;
that I last saw him alive on 19 ;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife May Closser
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb - 1876

Immediate cause of death Coronary occlusion
Due to arterio sclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)

8. AGE: Years 70 Months 6 Days If less than one day hr. min.

9. Birthplace Pettis County MO

10. Usual occupation Cook

11. Industry or business

12. Name James E. Closser
13. Birthplace Pettis County MO
14. Maiden name Martha Heffler
15. Birthplace Pettis County MO

16. (a) Informant Mrs Florence Williams
(b) Address 2514 Topping

17. (a) Burial (b) Date thereof Aug 8-46

(c) Place: burial or cremation Memorial Park, Association Bldg

18. (a) Signature of funeral director
(b) Address R. C. MO

19. (a) 8-7-46 (b) Geraldine Holmes

Major findings:
Of operations
Of autopsy
History of Frigidity

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature (M. D. or other)
Address Date signed 8-7-46

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.....

L. S. Walton

Licensed Embalmer No.....

2744

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.