

7. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36671

**FILED JUL 14 1947**

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **818**

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Missouri Methodist Hospital** **0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **One week**  
(Specify whether years, months or days) **52 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Doniphan** **999**  
(c) City or town **Troy** **rd**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural** **0**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No) **2**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Samuel Cluck**

3. (b) If veteran, **no** name war. 3. (c) Social Security **no** No. \_\_\_\_\_

4. Sex **Male** **0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Meirrel Cluck** 6. (c) Age of husband or wife if alive **54** years  
7. Birth date of deceased **Aug. 19, 1889**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 **57** **10** **21** hr. min.

9. Birthplace **Doniphan County** **Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **Albert G. Cluck** **0**

13. Birthplace **Buchanan County Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Elizabeth Hedrick** **0**

15. Birthplace **Taney Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Samuel H. Cluck**

(b) Address **Troy Kansas**

17. (a) **Removal** (b) Date thereof **June 28, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Troy, Kansas**

18. (a) Signature of funeral director **Clark Mortuary**

(b) Address **5025 King Hill Ave., St. Joseph**

19. (a) **7-8-47** (b) **G. B. Jenkins**  
(Date received local registrar) (Registrar's signature) **20**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** **28th**  
year **1947** hour **1:03** minute **P.M.** M.  
21. I hereby certify that I attended the deceased from **November**  
**11**, 19**46** to **June 28**, 19**47**,  
that I last saw him alive on **June 28**, 19**47**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** **5 min.**

Due to **Aortic stenosis.** **2 yrs.**

Due to **Arterio sclerosis.** **5 yrs.**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations: \_\_\_\_\_  
Of autopsy: **92A**  
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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_ (a) Manner of injury **0**

23. Signature **H. M. Cate, Jr.** (M. D. certificate) \_\_\_\_\_

Address **706 Francis** Date signed **6/30/47**

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

MOTHER FATHER

JAN 16 1958

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**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 *E. A. Clark*

Licensed Embalmer No. 4338

P. O. Address *St. Joseph, 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.**