V. S. No. 300
50M—10-47
Rev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12495

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1540

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

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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~~: ST. JOSEPH HOSPITAL O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 4-DAYS (Specify whether

In this community 47 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")

(d) Street No. 806 ARCHIBALD AVENUE (If rural, give location)

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

If yes, name country - - - - -

48
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3. (a) PRINT FULL NAME MRS. HANNAH CLOVERDYKE

3. (b) If veteran, name war No.

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ MR. MARTIN A. CLOVERDYKE

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

7. Birth date of deceased DECEMBER (Month) 3 (Day) 1873 (Year)

8. AGE: Years 74 Months 4 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace ALBANY (City, town, or county) NEW YORK (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business - - - - -

12. Name WILLIAM GIEFLER

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

14. Maiden name MARY UNKNOWN

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

16. (a) Informant MRS. E. W. BROWN

(b) Address 806 ARCHIBALD AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-10-48 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Florence OTTAWA, KANSAS

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 8TH year 1948 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from APRIL 4, 48, 19__, to 8 April, 1948 that I last saw her alive on 8 Apr. 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to Fractured R. hip

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 186a 18

Of autopsy

Duration

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) Accident

(b) Date of occurrence 8 Apr 48 123

(c) Where did injury occur? Home (City or town) K.C. Mo (County) (State)

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

While at work? no (e) Means of injury fall

23. Signature W W Gist (M. D. ~~or other~~)

Address K.C. Mo Date signed 8 Apr 48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Gist
633 W 62nd

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 Bernard L Loran

Licensed Embalmer No. 4250

P. O. Address N.V. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson } ss.

State File No.
Local Registrar's No. 1540-48

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 23rd day of April, 1948, before me appears Anna Brown, who, upon her oath, states that the original record of ~~birth~~ death for Hannah Clourdyke died ~~born~~ April 8, 1948, in the State of Missouri, and which was filed at Kansas City on 4-8, 1948, should be corrected as follows:

Item No. 17-c should read Florence, Kansas
Instead of Ottawa, Kansas

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Anna Brown (Daughter)
Relationship.

806 Archibald
K. C. Mo.
Present Address.

Subscribed and sworn to before me this 23rd day of April, 1948.

My Commission expires Oct. 21, 1951 Bessie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

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