

No. 2  
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38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19420  
2660

State File No.  
Registrar's No.

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: Northeast Osteopathic Hospital  
(d) Length of stay: In hospital or institution 50 days  
In this community 50 Days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Barton  
(c) City or town Mindenmines  
(d) Street No. City  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Clara R. Claunch  
(b) If veteran, name war None  
(c) Social Security No. None

20. DATE OF DEATH: Month June day 26 year 1948 hour 12 minute 20 P.M.

4. Sex Female 5. Color or race Wh  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife George Claunch  
7. Birth date of deceased May 4 1869

21. I hereby certify that I attended the deceased from May 6, 1948 to June 26, 1948 that I last saw her alive on June 25, 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 1 Days 22

Immediate cause of death: Cerebral apoplexy, 6 weeks, extended disease?

9. Birthplace: Unknown Ohio

10. Usual occupation: At Home

11. Industry or business:

12. Name: Mathew Lanley  
13. Birthplace: Unknown Penn.  
14. Maiden name: Maggie Coughner  
15. Birthplace: Unknown Unknown

16. (a) Informant: Carl Claunch  
(b) Address: Pittsburgh Kansas

17. (a) Removal (b) Date thereof: 6-26-48

18. (a) Signature of funeral director: J. M. Berkey  
(b) Address: Mulberry Kansas

19. (a) Date received local registrar: 6-26-48 (b) Registrar's signature: Stephanie Holmes

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

Major findings: Of operations: none  
Of autopsy: no 836

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: Frank P. Ray (M. D. or other)  
Address: 4314 99th St. N.E., Minn. Date signed: 6-26-48

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

6001

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 *J. Royce Hoge*.....

Licensed Embalmer No. *35-79*

P. O. Address *Owens Park Rd*

**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  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2660

1. PLACE OF DEATH: Jackson  
 (a) County .....  
 (b) City or town Manassas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: .....  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution ..... (Specify whether  
 In this community ..... years, months or days)

3. (a) PRINT FULL NAME Clara R. Claunch  
 3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex ..... 5. Color or race ..... 6. (a) Single, widowed, married, divorced .....  
 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
 7. Birth date of deceased ..... (Month) (Day) (Year)

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

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER { 12. Name Mathew Sasley  
 13. Birthplace ..... (City, town, or county) (State or foreign country)  
 14. Maiden name .....  
 15. Birthplace ..... (City, town, or county) (State or foreign country)

16. (a) Informant ..... (b) Address .....

17. (a) ..... (b) Date thereof ..... (Month) (Day) (Year)  
 (Burial, cremation, or removal)  
 (c) Place: burial or cremation .....

18. (a) Signature of funeral director .....  
 (b) Address .....

19. (a) 6-16-48 (b) Meraldine Holmes  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State ..... (b) County .....  
 (c) City or town ..... (If outside city or town limits, write "RURAL")  
 (d) Street No. .... (If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country .....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June Day 22  
 year 1948 hour ..... minute ..... M.  
 21. I hereby certify that I attended the deceased from ..... to ..... 19.....  
 that I last saw him ..... alive on ..... 19.....  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death .....

Due to .....  
 Due to .....  
 Other conditions ..... (Include pregnancy within 3 months of death)  
 Major findings: Of operations .....  
 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?  
 While at work? ..... (Specify type of place) (e) Means of injury .....  
 Signature ..... (M. D. or other)  
 Address ..... Date signed .....

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

SUPPLEMENTARY

S-19420