

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1201  
310

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>145 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>5823 Wornall Rd</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>			d. STREET ADDRESS (If rural, give location) <u>5823 Wornall Rd</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maurice A.</u> b. (Middle) <u>Clippinger</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>1/19/49</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11/17/1881</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A. B. Clippinger</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy J. Clippinger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <u>Nancy J. Clippinger, 5823 Wornall Rd.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>  ANTECEDENT CAUSES <u>Invaldism dependent upon - 570.5</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Blindness 34 years</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>7 July 1949</u> to <u>19 Jan 1949</u> , that I last saw the deceased alive on <u>19 Jan 1949</u> and that death occurred at <u>12 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>F. H. Wakefield</u>		23b. ADDRESS <u>102 Grand Ave K.C. Mo</u>	23c. DATE SIGNED <u>21 Jan 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	24b. DATE <u>1/24/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calmwood crematory</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-22-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. C. Lane</u>	ADDRESS <u>K.C. Mo</u>	

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

Mr Warkfield  
New Bryant-Bledy  
Pieris  
Pieris

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Max E. Meyer  
4555

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_  
Kansas City, 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.