

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **4691**  
**748**

No. 300  
10-48

**FILED MAR 15 1955**

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Jackson</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )		c. CITY OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>4 yrs</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital DOA.</b>		STREET ADDRESS (If rural, give location) <b>603 East 16th St.</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>Emil</b>	b. (Middle) <b>3</b>	c. (Last) <b>Clauder</b>	(Month) <b>Feb.</b>	(Day) <b>16,</b>	(Year) <b>1955.</b>

<b>5. SEX</b> Male <input checked="" type="radio"/>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> Married <input checked="" type="checkbox"/>	<b>8. DATE OF BIRTH</b> Sept, 7, 1894.	<b>9. AGE</b> (In years last birthday) <b>60</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Box Maker</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Crook Paper Box Co.</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Germany</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Hugo Clauder</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>No Record</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Martha J. Clauder</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>World War No-1</b>	<b>16. SOCIAL SECURITY NO.</b> <b>496-10-2236</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Martha J. Clauder</b>	<b>ADDRESS</b> <b>Kansas City, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>4200</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Cerebral Hemorrhage</b>		
	<b>ANTECEDENT CAUSES</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> <b>Due to (b) Cerebral Arteriosclerosis</b> <b>Due to (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Geo. C. Kea</i>	<b>(Degree or title)</b> <b>3</b>	<b>23b. ADDRESS</b> <b>6627 Pease St. Omaha</b>	<b>23c. DATE SIGNED</b> <b>2-16-55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>Feb. 18 1955</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt Washington</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Kansas City, Missouri</b>
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<b>DATE REC'D BY LOCAL REG</b> <b>2-18-55</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Neva Marshall</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Mrs C.L. Forster</b>	<b>ADDRESS</b> <b>Funeral Home K.C. Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 ....., Student Embalmer No. .... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *J. Virgil Henrich*.....

Licensed Embalmer No. *3088*.....

P. O. Address *HCM*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.