

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18765**  
**2577**

FILED JUL 1 - 1955

|  |                               |  |  |   |   |  |  |
|--|-------------------------------|--|--|---|---|--|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>  |   | Registrar's No. <u>2577</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>KANSAS CITY, MISSOURI</b>   |                               | c. LENGTH OF STAY (In this place)<br><b>2 YEARS</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>KANSAS CITY</b>  |   | 3478<br>0  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>HOME 705 WEST 32ND STREET</b>  |                               |  |  | d. STREET ADDRESS (If rural, give location)<br><b>47 705 WEST 32ND STREET</b>   |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>EDITH</b>   |                               | b. (Middle)  |  | c. (Last) <b>KLUSS</b>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 16 1955</b>                           |  |
| 5. SEX <b>FEMALE</b>   | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOWED 2</b>   | 8. DATE OF BIRTH<br><b>August 14, 1881</b> |   | 9. AGE (In years last birthday) <b>73</b> | IF UNDER 1 YEAR<br>Months <b>10</b> Days <b>2</b>                                      | IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>-</b>  |  | 11. BIRTHPLACE (State or foreign country)<br><b>LEAVENWORTH COUNTY, KANSAS</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>I. R. Paul</b>  |                               | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Kutchenhal</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Henry Kluss, deceased</b>   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>X</b>   |                               | 16. SOCIAL SECURITY NO.<br><b>X</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Inez Crawford, 705 W. 32nd, Kansas City, Mo.</b>                                       |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cytopho-Sarcoma Abdomen with several metastases</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>18 mo</b><br><br><b>2501</b>                    |  |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION<br><b>Biopsy - Stomach Area - Cytopho Sarcoma</b>   |  |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>    |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |                               | 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 <b>2/19, 1954</b> to <b>June 16, 1955</b> , that I last saw the deceased alive on <b>June 12, 1955</b> , and that death occurred at <b>10:20 a.m.</b> , from the causes and on the date stated above. |                               |  |  |   |   |  |  |
| 23a. SIGNATURE (Type or Print) <b>Frederick C. Lamer M.D.</b>  |                               |  |  | 23b. ADDRESS <b>624 1/2 Poplar St. Kansas City, Mo.</b>   |   | 23c. DATE SIGNED <b>June 16-55</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b>  |                               | 24b. DATE <b>6-16-1955</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>DeSoto Cemetery</b>  |   | 24d. LOCATION (City, town, or county) (State)<br><b>DeSoto, Johnson County, Kansas</b> |  |
| DATE REC'D BY LOCAL REG.<br><b>6-16-55</b>   |                               | REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>The Julien Funeral Home, Olathe, Kansas</b><br><b>Chester L. Fleming, Jr.</b>                |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD  
Frederick C. Lamer

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

*Chester L. Fleming*

Licensed Embalmer No. *4569*

P. O. Address *Clatsop House*

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.