

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 1303

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:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days /
In this community 17 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Claas 420

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith Claas 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sept. 3, 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 22 If less than one day hr. _____ min.

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

10. Usual occupation Farmer Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Claas 13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Herman Kuttentkuler (b) Address Tipton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-40 (Month) (Day) (Year)

(c) Place: burial or cremation Tipton, Mo.

18. (a) Signature of funeral director Richards Funeral Home (b) Address Tipton, Mo.

19. (a) Mar. 25, 1940 (Date received local registrar) (b) M-M-Croce (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1940 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from March 8, 1940 to March 25, 1940;

that I last saw him alive on March 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia 48 Hrs. Broncho Pneumonia 2 Wks.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Prostatic Hypertrophy PHYSICIAN

Of autopsy _____

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 _____

28. Signature [Signature] (M. D. or other) _____

Address 11033 Date signed 2/29/40

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.