WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 608 — File No. 33659
Township Kaw — Primary Registration District No. [illegible] — Registered No. 4429
City Kansas City (No. Federal Hotel. 810 Grand St. Ward)

2. FULL NAME Lorian B. McCarger
(a) Residence. No. Federal Hotel St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel McCarger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 28-1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
62	6	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired.
(b) General nature of industry, business, or establishment in which employed (or employer) Mfg.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rockford
(STATE OR COUNTRY) Ill.

PARENTS
10. NAME OF FATHER Mike McCarger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER May Murphy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs Mabel McCarger
(Address) Federal Hotel

15. FILED 11-21, 1927 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 — 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1927, to Nov 19, 1927, that I last saw him alive on Nov 19, 1927, and that death occurred, on the date stated above, at 12:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82A
99 (duration) yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 4 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 74A

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

11/19, 1927 (Signed) David Gerstner DC, MD
(Address) 412 Altman

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill — DATE OF BURIAL 11-22 1927

20. UNDERTAKER R. W. Lindsey & Sons — ADDRESS City