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

Do not use this space. 1514

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 103

Township Kaw — Primary Registration District No. 1002 — Registered No. 103

City Kansas City (No. St. Marys Hospital St. ..... Ward)

2. FULL NAME George S. McLanahan

(a) Residence. No. 8609 Holmes St., 8 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Louise McLanahan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	7	15	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna.

PARENTS

10. NAME OF FATHER Wm. McLanahan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.

12. MAIDEN NAME OF MOTHER Carline Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penn

14. INFORMANT Orville McLanahan (Address) 8609 Holmes.

15. FILED Jan 9, 1929 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1928, to Jan 7, 1929, that I last saw him alive on Jan 7, 1929, and that death occurred, on the date stated above, at 9 20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

137 Bronchio Pneumonia
1011
952

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Acute Cardiac Dilitation
Hypertrophy of Prostate (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 3-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Robotory

(Signed) Fred J Hatch, M. D

1/8, 1929 (Address) 1010 Chambers Bldg

*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 Md. Moriah — DATE OF BURIAL 1/9/ 1929

20. UNDERTAKER Freeman Mortuary — ADDRESS 42nd & Baltimore Ave.

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.

48
10
9
210
2
2
2