

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

14882
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 400
 (b) Township prairie Primary Registration District No. 5553B Registered No. 91
 (c) City _____ (d) Street No. JACKSON COUNTY HOME _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Albert McClane
 (a) Residence, No. 70 Jackson County Home St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-6-1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 79 1 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BLACKSMITH
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19-38
 22. I HEREBY CERTIFY, That I attended deceased from 3-1-38, to 4-19-38
 I last saw him alive on 4-16-38 Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Senile debility Date of onset

Other contributory causes of importance: None
 Name of operation _____ Date of _____
 What test confirmed diagnosis clinical as there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) J. W. Green M. D.
 (Address) Independent

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas
 FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Ernest Jackson
 (ADDRESS) a. J. C. Home
 18. BURIAL, CREMATION, OR REMOVAL 6 Dental Dept DATE Apr 22, 1938
 19. FUNERAL DIRECTOR Ketter
 (ADDRESS) Ketter
 20. FILED Apr 30, 1938 William T. Field
 Local Registrar

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.
Signed.....

Licensed Embalmer No.

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.)