

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28065  
Do not use this space.

REC'D SEP 13 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. St. Joseph Hospital Registered No. 3376  
 (e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Hattie J. Mc Clintock 245  
 (a) Residence, No. 3618 Virginia St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Fe.</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Charles W. Mc Clintock</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct. 2, 1872</b>		
7. AGE	YEARS <b>65</b>	MONTHS <b>10</b>
	DAYS <b>22</b>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>At Home</b>	
	10. Date deceased last worked at this occupation (month and year)	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kansas</b>	
	13. NAME <b>Hiram W. Johnson</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Don't Know</b>	
MOTHER	15. MAIDEN NAME <b>Fannie L. Leverton</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Don't Know</b>	
	17. INFORMANT (ADDRESS) <b>Mrs. Cecil C. Jones 7237 Washington</b>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Mt. Moriah</b> DATE <b>Aug 27, 38</b>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Freeman Mortuary Kansas City, Missouri</b>		
20. FILED <b>Aug 26, 1938</b> <b>M. M. Brown</b> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-24-38**, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938 to Aug 24, 1938  
 I last saw him alive on Aug 24, 1938 Death is said to have occurred on the date stated above, at 50 m.  
 The principal cause of death and related causes of importance were as follows:  
**Bilateral Hydrothorax**  
**medasternal Carcinoma of Breast**  
**50**  
 Other contributory causes of importance:  
**carcinoma of breast**  
**Renal Recal**  
 Name of operation **Renal Recal** Date of **10-20-37**  
 What test confirmed diagnosis? **flu** Was there an autopsy? **flu**

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? **1**  
 If so, specify \_\_\_\_\_  
 (Signed) **Blair D. W. Clark**, M. D.  
 (Address) **1424 Prof Bldg**

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.

*Mc...*  
*...*

**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, Clarence H. Chiles

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address 1047 West 42nd St

**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.**