

REC'D SEP 13 1938

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

28100

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Naw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 3226 EAST Registered No. 3411  
 (If death occurred in Hospital or Institution, write its name instead of street and number) 9th St.  
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Clattie Mc Donald  
 (a) Residence, No. 3226 E. 9th 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James McDonald</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18 1883</u>		
7. AGE	YEARS	MONTHS
<u>56</u>	<u>0</u>	<u>9</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Jan 1937</u>		
11. Total time (years) spent in this occupation <u>1</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Point IOWA</u>		
13. NAME <u>W M McCannon</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IOWA</u>		
15. MAIDEN NAME <u>Clara McCannon</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IOWA</u>		
17. INFORMANT (ADDRESS) <u>Evelyn McDonald</u> <u>3226 E 9th St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Washington</u> DATE <u>8-29-38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. P. Louis Funeral Home</u> <u>N. C. Mo.</u>		
20. FILED <u>Aug 29 38</u> <u>M. M. Brown</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27-38

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1938, to August 27, 1938  
 I last saw her alive on August 27, 1938 Death is said to have occurred on the date stated above, at 6:40 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Lung with widespread metastases.  
Widened metastases  
Arteriosclerosis  
Pyelonephritis  
 Date of onset Nov. 1937

Other contributory causes of importance:  
Widened metastases  
Arteriosclerosis  
Pyelonephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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? \_\_\_\_\_  
 Specify Fracture of L. Hip - 1937  
 (Signed) P. D. Byers M. D.  
 (Address) 1600 Professional Bldg. Kansas City, Mo.

**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.**