

REC'D OCT 20 1939

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

32617
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 404
 (b) Township Kaw, WVA Primary Registration District No. 5558
 (c) City Kansas-City, Mo. (d) Street No. Armour Memorial 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.

Registered No. 83**2. PRINT FULL NAME**

245 Mrs. Pearl Drumm McClain,
 (a) Residence, No. 81st & Wornall Road 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 Female 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 Bryson Lee McClain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 29, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 11 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont13. NAME James O. Drumm14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York15. MAIDEN NAME Harriet L. Vaughn16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York17. INFORMANT Armour Memorial Home Records, (ADDRESS) 81st & Wornall Road,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cremation DATE 9-15-193919. FUNERAL DIRECTOR (NAME) Stine & McClure, (ADDRESS) 3235 Gillham Plaza, K. C., Mo.20. FILED 10-9- 1939 R. V. Lindsey Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 13, 193922. HEREBY CERTIFY That I attended deceased from Dec 1, 1936 to Sept 13, 1939I last saw her alive on Sept 9, 1939. Death is said to have occurred on the date stated above, at 2:10 Pm.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Metrol. Regurgitation

Name of operation Date of

What test confirmed diagnosis? Was 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) W. C. Cantrell(Address) 636 W. 13th St. M. D.

Dr. C. D. Cantrell

12 October 1951
any 9-22-1951

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

E. M. Planch

Licensed Embalmer No. *1848*

P. O. Address *K. C. Mo*

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.