DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9738

Primary Registration District No. 1002

Registrar's No. 1172

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3440 College Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 55 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 3440 College Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME John B. McLENDON 245

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Hallie McLendon

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased August 14, 19th, 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Enid Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocer.

11. Industry or business McLendon Wholesale Grocery

FATHER
12. Name Dr. James Monroe McLendon
13. Birthplace ____ Mississippi
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Mitchell
15. Birthplace ____ Mississippi.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Martha McLendon
(b) Address 3440 College Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/40 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Mellody McGilley
(b) Address K. C. Mo.

19. (a) Mch 15, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th year 1940 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Aug, 1939, to Mar 14, 1940 that I last saw him alive on Mar 14, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to [illegible]	
Due to	
Other conditions previous cerebral hemorrh (Include pregnancy within 3 months of death) c̄ paralysis Rt side 10 yrs ago	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? (e) Means of injury

23. Signature Amin Bontras (M. D. or other)
Address 41 r Argyle Rd Mo Date signed 3-15-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19311

L. Boutique
3112 Linwood

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. 2999

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.