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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17629**
Registrar's No. **2156**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days** (Specify whether
In this community **40 years** years, months or days)

3. (a) PRINT FULL NAME **GEORGE S. McCLURE 246**

3. (b) If veteran, name war **none** 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. Emma McClure** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **May 12, 1873**
(Month) (Day) (Year)

8. AGE: Years **67** Months **0** Days **13** If less than one day
hr. min.

9. Birthplace **Lawrence, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **9**

12. Name **Don't Know**

13. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Emma McClure**

(b) Address **3539 Brooklyn**

17. (a) **Burial** (b) Date thereof **May 27, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **104 W. 42nd St., K.C., Mo.**

19. (a) **May 26, 1940** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits write "RURAL")
(d) Street No. **3539 Brooklyn Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **25th**
year **1940** hour **7** minute **12 A.** M.

21. I hereby certify that I attended the deceased from **May 23rd**, 19**40** to **May 25th 1940**, 19____
that I last saw him alive on **May 25th, 1940**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: **Obstruction of ileum due to volvulus with perforation and peritonitis and adhesive pericarditis.**

Due to **12, 2, 03'**
Other conditions: **Emphysema**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: **See above**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **1**

23. Signature **P. J. DeMunnig** M. D. or other) _____
Supt. K.C. Gen. Hospital, K.C. Mo.
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.