

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

**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:  
605 West 43rd Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution -  
(Specify whether)  
 In this community 51 Years  
years, months or days

8. (a) PRINT FULL NAME Mr. Frank C. McClellan  
 3. (b) If veteran, name war Spanish American 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs. Rose McClellan 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased June 27 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>18</u>	hr. min.

9. Birthplace Henry County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Telephone Company

11. Industry or business Retired

12. Name Thomas Spencer McClellan

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank C. McClellan

(b) Address 605 West 43rd St

17. (a) Burial (b) Date thereof June 18, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial, or cremation Floral Hills Cemetery

18. (a) Signature of funeral director O. W. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd

19. (a) June 17, 1940 M. M. Corone  
(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 limit, write "RURAL")  
 (d) Street No. 605 West 43rd Street  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? - - - - - years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 15th  
 year 1940 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from July 1, 1931  
 1931 to June 15, 1940  
 that I last saw him alive on June 15, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Pulmonary edema</u>	
Due to <u>acute rheumatism</u>	
Due to <u>nephrosclerosis</u>	<u>131</u>
<u>then arteriosclerosis</u>	
Other conditions <u>coronary sclerosis</u>	
<u>Myocarditis</u>	
Major findings: <u>very chronic</u>	
Of operations: _____	
Of autopsy: <u>very, diagnosis</u>	

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 F. Frank Sweet (M. D. \_\_\_\_\_)  
 Address 424 Jefferson St Date signed 6/16/40

**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 *H. C. Newcomer*

Licensed Embalmer No. *21043*

P. O. Address *N. 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.**