

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27741

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3375

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:
5611 Virginia, 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community Unknown, years, months or days)

3. (a) PRINT FULL NAME Mrs. Clara Adelia Weir, (M)

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife Mahlon C. Weir, 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased September 21, 1868,
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>6</u>	hr. _____ min.

9. Birthplace Wisconsin, _____
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER

12. Name Arthur N. Bond,

13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Richard Castle,

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

16. (a) Informant M. C. Weir,

(b) Address 5611 Virginia, Kansas City, Mo.

17. (a) Removal, (b) Date thereof 8-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horton, Kansas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Aug. 27, 1940 (b) M. M. Cravens
(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. 5611 Virginia,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27
year 1940 hour 5 minute 2 A.M.

21. I hereby certify that I attended the deceased from July 21st
1940 to Aug. 27, 1940

that I last saw her alive on August 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture base of neck of left femur & Hypostatic pneumonia

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 10

PHYSICIAN

Duration

5 weeks

5 days

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 20, 1940

(c) Where did injury occur? 18601 10
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Fall at home

While at work? _____ (Specify type of place)

(e) Means of injury Fall

23. Signature C. L. Francis (M. D. or other) M.D.
Address 623 Argyll Bldg. K. C. Mo. Date signed 8/27/40

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

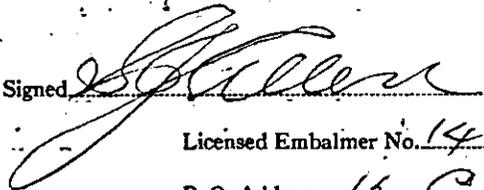
STATEMENT BY LICENSED EMBALMER

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. 1415

P. O. Address 14. C. 1710

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.