No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34314

FILED NOV 12 1940

Registration District No. 1002

Primary Registration District No.

Registrar's No. 3830

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: 2500 INDEP. BLVD. J. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County JACKSON
(c) City or town KANSAS City
(If outside city or town limits, write "RURAL")
(d) Street No. 2500 INDEP. BLVD. J.3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME WILLIAM J. McVANN
3. (b) If veteran, name war ✓
3. (c) Social Security No. 702-14-5347
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased Feb 9, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	7	22	hr. ____ min.

9. Birthplace Dont Know (City, town, or county) Iowa (State or foreign country)
10. Usual occupation RETIRED YARD MASTER
11. Industry or business Missouri Pacific
FATHER
12. Name John McVann
13. Birthplace Dont Know (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Mary ------
15. Birthplace Dont Know (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Mrs Gertrude Brown
(b) Address 1269 Shawnee K C Ka.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvary
18. (a) Signature of funeral director Harry Butler
(b) Address 755 Central Ave., K.C. Kans.
19. (a) 10-3-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 1 year 1940 hour 3AM. minute ____ M.
21. I hereby certify that I attended the deceased from ____, to ____, 19__; that I last saw him alive on ____, 19__; and that he died on the date and hour stated above.

Duration

Immediate cause of death Acute pulmonary congestion
Due to Acute & chronic myocardial infarction
Due to Old & recent coronary occlusion
Other conditions (Include pregnancy within 3 months of death) 94B
Major findings:
Of operations
Of autopsy Yes

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? (b) Means of injury
23. Signature [illegible] (M. D. or other)
Address Kansas City Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Parks T. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.