

S. No. 2  
4-13-40  
5-17-39  
I X23159

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No.

18  
3  
8  
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:  
**3610 Gladstone**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community. **23 Years**  
years, months or days)

**3. (a) PRINT FULLNAME.** **Urania D. McIlvain**  
**3. (b) If veteran,** name war. **No**  
**3. (c) Social Security** No. **No**

**4. Sex** **Fe. /** **5. Color or** **Wh.** **6. (a) Single, widowed, married,**  
 divorced. **Widowed**  
**6. (b) Name of husband or wife.** **James** **6. (c) Age of husband or wife if**  
 alive. \_\_\_\_\_ years  
**7. Birth date of deceased.** **Jan. 16 1853**  
(Month) (Day) (Year)

**8. AGE:** Years **88** Months **2** Days **28** If less than one day  
 hr. \_\_\_\_\_ min.

**9. Birthplace.** **Hoboken N. J.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation.** **None**

**11. Industry or business.**

**12. Name.** **Wm. H. Peckham**

**13. Birthplace.** **New York City**  
(City, town, or county) (State or foreign country)

**14. Maiden name.** **Marline**

**15. Birthplace.** **New York City**  
(City, town, or county) (State or foreign country)

**16. (a) Informant.** **Mrs. Curtis,**

**(b) Address.** **3628 Gladstone**

**17. (a) Burial** **(b) Date thereof.** **April 15, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation.** **Mt. Moriah**

**18. (a) Signature of funeral director** **C. H. Lackman & Son, Inc.**  
**2825 Indep. E. K. C. Mo.**

**19. (a) Apr 14 1941 (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. **3610 Gladstone**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **0** years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **April** day **14,**  
 year **1941** hour **3** minute \_\_\_\_\_ P. M.

**21. I hereby certify that I attended the deceased from** **March 5 - 1941** to **April 14 - 1941**  
 that I last saw her alive on **April 14 - 1941**  
 and that death occurred on the day and hour stated above.

Immediate cause of death **Cortic-meningeal 7 days**

Due to **arteriosclerosis - 1**  
**hypertension**  
**of senility**

Other conditions **920**  
(include pregnancy within 3 months of death)

Major findings: **920**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
 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?**

**(e) While at work** **(Specify type of place)**  
**(f) Means of injury** **0**

**23. Signature** **W. W. Martin** **M.D. or other**  
 Address **5328 E. 24th** Date signed \_\_\_\_\_

532812324  
Martin

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**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: *B. Blochman*

Licensed Embalmer No. *2244*

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, fact should be so stated above.**