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FILED JUN 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17114

State File No.

1776

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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: Continental Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few days (Specify whether years, months or days)

3. (a) PRINT FULL NAME John C. McFadyean

3. (b) If veteran, name was Spanish Amer 3. (c) Social Security No. 535-93-2656

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anne McFadyean 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased April 3, 1881 (Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 7 If less than one day hr. min.

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

10. Usual occupation West Coast Representative

11. Industry or business Investment

12. Name Joshua McFadyean

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

14. Maiden name Elvira Culler

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

16. (a) Informant Carl Lemb

(b) Address 6025 Park, Kansas City, Mo.

17. (a) Cremation (b) Date thereof 5-5-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

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

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

19. (a) May 4, 1941 (b) M. M. Cron (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Washington (b) County 999
(c) City or town Seattle 45
(If outside city or town limits, write "RURAL")
(d) Street No. 3223 E-Mercer 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1941 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 1938 to 1941 that I last saw Deputy Coroner alive on May 4, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema
Due to Hypertensive Myocarditis
Due to Coronary Sclerosis - advanced
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93
Of autopsy

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?

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

23. Signature Russell (M. D. or other)

Address ... Date signed

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

OCT 17 1957

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.....

Willis H. Bennett

Registered Apprentice No. *282*

working under my personal supervision.

Signed.....

Felix Perry

Licensed Embalmer No. *H-127*

P. O. Address *Kansas City, 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, fact should be so stated above.