

No. 2  
13-40  
7-39  
X23199

FILED JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17131

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1793

1. PLACE OF DEATH: **Jackson**  
(a) County Kansas City  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2806 Highland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 46 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mamie Logan  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 3 5. Color Col 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased January 20, 1895  
(Month) (Day) (Year)

8. AGE: Years 46 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business  
12. Name Samuel McClain  
13. Birthplace Nashville / Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name  
15. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Susie McClain  
(b) Address 2806 Highland  
17. (a) burial (b) Date thereof 5/6/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Hatchins Bros  
(b) Address 1727 N. 1st St  
19. (a) May 6 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
Kansas City 3  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 2806 Highland  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION  
May 3rd  
20. DATE OF DEATH: Month May day 3rd  
year 1941 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from Feb 12 -  
1941 to May 3 - 1941;  
that I last saw her alive on May 3 - 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart  
7 Rheumatic type  
Due to 9513

Due to 9513

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9512  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature B. O. Thomas (M. D. or other) 0  
Address 1830 E. 1st Date signed 5/5/41

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 Isaac Jerome Monlowe

Licensed Embalmer No. 3914

P. O. Address 1120 E. 23rd St

**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.**