

FILED JUN 10 1966  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17304  
1966

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

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

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

1. PLACE OF DEATH:  
(a) County: Jackson  
(b) City or town: Kansas City  
(c) Name of hospital or institution: 419 W. 46th St./Terrace  
(d) Length of stay: In hospital or institution: All her life  
In this community: All her life

3. (a) PRINT FULL NAME: Mrs. Edna G. McClelland

3. (b) If veteran, name war: XX 3. (c) Social Security No.: 499-16-0707

4. Sex: Fe / 5. Color or race: Wh 6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: Unknown 6. (c) Age of husband or wife if alive: 4 years

7. Birth date of deceased: June 4 1883

8. AGE: Years 57 Months 11 Days 14 If less than one day hr. min.

9. Birthplace: Kansas City Mo.

10. Usual occupation: Employee

11. Industry or business: Commerce Trust Co.

12. Name: Henry A. Messinger

13. Birthplace: Elgin Ill.

14. Maiden name: Eliza Taylor

15. Birthplace: Boston Mass

16. (a) Informant: Betty-Sue McClelland

(b) Address: 419 W. 46th St. Terrace

17. (a) Cremation (b) Date thereof: May 18-41  
(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: J.M. Wagner  
(b) Address: Kansas City, Mo.  
19. (a) May 19, 1941 (b) M. M. Brown

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Jackson  
(c) City or town: Kansas City  
(d) Street No.: 419 W. 46th St. Terr.  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1941 hour 11 minutes 15 A.M.

21. I hereby certify that I attended the deceased from 1940 to May 18 1941  
that I last saw her alive on May 18 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of ovary

Due to: 11/15/41

Other conditions: 49d  
(Include pregnancy within 3 months of death)

Major findings: Of operations: Carcinoma of ovary  
Of autopsy: Carcinoma of ovary

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

(a) Accident, suicide, or homicide (specify): W.  
(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 physical injury) (e) Means of injury: 3

23. Signature: J. M. Wagner (M. D. or other)  
Address: 1103 2nd Date signed: 5/19/41

Duration: 7 mo  
PHYSICIAN: —  
Underline the cause to which death should be charged statistically.

2:00 P.M.  
O'Neil H.L.

**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.....

*Cecil R. Matthew*

Licensed Embalmer No. ....

*3807*

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.**