

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20855

State File No. 2385

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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1012 Locust
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 8 Years years, months or days)

3. (a) PRINT FULLNAME Clara M. McCade

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

6. (a) Single, widowed, divorced, Widowed

6. (b) Name of husband or wife Obe McCade 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 5, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	6	18	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Geo., Gary

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

14. Maiden name Clara Petit

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

16. (a) Informant Miss Helen McCade

(b) Address 1012 Locust

17. (a) Burial (b) Date thereof June 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn, K. C. Mo.

19. (a) 6/23/41 (b) M. M. Browne
(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. 1012 Locust
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1941 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 17, 1941, to June 22, 1941;
that I last saw her alive on June 22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 5 days

Due to arterio sclerosis

Due to 92.5 92.5

Other conditions Crown's myocarditis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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) (Country) (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 Harold B Clark M.D. (M.D. or other) O
Address 730 Rineto Bldg Date signed 6-23-41

W. L. Bank

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:.....

Licensed Embalmer No.....

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.