

FILED JUN 6 1942  
Registration District No. **399**

Primary Registration District No. **1002**

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:  
145 ft. East of Prospect on 59th  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 35 years

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. 5826 Chestnut  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT William Mc. Kinley McClellan  
FULL NAME

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex Male 5. Color or race Wh

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Angie McClellan

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased September 15 1903  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>8</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Motorcycle Traffic Officer

11. Industry or business K. C. Police Dept.

12. Name Taylor D. McClellan

13. Birthplace Saline County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Alva Weherahon

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

16. (a) Informant Mrs. Angie McClellan

(b) Address 5826 Chestnut

17. (a) Burial (b) Date thereof June 1, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Morian Cemetery

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) 5-29-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th  
year 1942 hour 1 minute 51 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Signature: Deputy Coroner

Immediate cause of death: Bullet wound of chest

Due to \_\_\_\_\_

Due to 164c

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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) Suicide

(b) Date of occurrence 5-28-42

(c) Where did injury occur? K.C. Police Dept.  
(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 W. M. Brown (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

OCT 1 1912

---

---

**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..... *A. R. Hainschild*.....  
Licensed Embalmer No. *4159*.....  
P. O. Address..... *N. C. W.*.....

**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.**