V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 03 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9185

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1346

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 5 Days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Kansas (b) County 14
(c) City or town Baldwin 0
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country I.

3. (a) PRINT FULL NAME Robert E. Maclean

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Effie Potter Maclean

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

7. Birth date of deceased 2 (Month) 14 (Day) 1865 (Year)

8. AGE: Years 78 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Scotland 4 (City, town, or county) (State or foreign country)

10. Usual occupation Minister, methodist

11. Industry or business Retired

FATHER
12. Name no Record
13. Birthplace Scotland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Rose
15. Birthplace Scotland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Dr. John A. Maclean
(b) Address 631 West 61st Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation Baldwin, Kansas

18. (a) Signature of funeral director Mrs. L. L. Forster
(b) Address K. C. Mo.

19. (a) 3-18-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-1 day 18th
year 1943 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 3-14-, 1943 to 3-18-, 1943
that I last saw him alive on 3-18-, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Intraperitoneal hemorrhage

Due to Abdominal aortic aneurysm — Non. Syphilitic

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

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 Maurice L. Jones (M. D. or other)
Address 909 Argyle Bldg. Date signed 3-18-43

(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1946

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 Dwyl C. Browny

Licensed Embalmer No. 2724

P. O. Address 75-C, 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.