

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23945
Registrar's No. 3178

FILED AUG 6 1943 149

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: St. Vincent's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Hour
In this community 11 (Specify whether years, months or days)

3. (a) PRINT FULL NAME JACKIE MORRIS MCCLURE

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 19, 1943
(Month) (Day) (Year)

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

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Charles Emerson McClure

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

14. Maiden name Dora Jean Morris

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

16. (a) Informant Charles E. McClure
(b) Address 401 S. Denver

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son,
(b) Address Kansas City, Mo.

19. (a) 7-20-43 (Date received local registrar) (b) P. E. Brown (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. 401 S. Denver
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1943 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7/19, 1943, to _____, 19____;
that I last saw him alive on 7/19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumatury
7 months

Duration _____

Due to _____

Due to 159

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) _____

(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? _____

23. Signature P. E. Brown (M. D. or other) _____
Address 5400 St. John Ave Date signed 7/19/43

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 *B. H. Blackman*

Licensed Embalmer No. *2244*

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.