S. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 19[illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30607

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3814

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: 102 West Armour Boulevard, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether

In this community 10 yrs years, months or days)

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. 102 West Armour Boulevard, (If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Grace M. Bendall

3. (b) If veteran, name war no.

3. (c) Social Security No. 486-10-6043

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased May (Month) 12th (Day) 1896 (Year)

8. AGE: Years 47 Months 3 Days ~~22~~ 21 If less than one day hr. min.

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

10. Usual occupation Saleslady

11. Industry or business x

FATHER
12. Name Dr. Alva S. McClain,
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Eva Nora Nile
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Eva Nora McClain,

(b) Address 102 W. Armour, Kansas City, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-4-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3rd year 1943 hour 5:30 minute a. M.

21. I hereby certify that I attended the deceased from Aug 20, 1943, 19 to Sept 3, 1943; that I last saw her alive on Sept 2, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of stomach with metastasis	
Due to	
Due to 46b	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Delon A Williams (M. D. or other)

Address 804 Prof Bldg Date signed 9/4/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. D. A. Williams
Prof. [illegible]
Vi. 4838

FEB 5 1958

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. 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.