

FILED SEP 28 1949
Register District No. _____

Primary Registration District No. 1062

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: 5631 South Benton, /
(If not in hospital or institution, write street number or location)

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

In this community 60 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Melvin C. McColl,

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

3. (c) Social Security No. 509-10-4146

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife no.

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

7. Birth date of deceased: December 6 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>9</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Machinist

11. Industry or business X

MOTHER FATHER {

12. Name Frank McColl,

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

14. Maiden name Sarah C. Hansen

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

16. (a) Informant Calvin J. McColl,

(b) Address 5631 So. Benton, Kansas City, Mo.

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

(c) Place: burial or cremation Osborne, Kansas,

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

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

19. (a) 9-17-43 (b) T E Brown
(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. 5631 South Benton,
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1943 hour 1 minute 00 M.

21. I hereby certify that I attended the deceased from 9/20 to 9/17 1943.

that I last saw him alive on 9/16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the rectum.

Due to _____

Due to 46d

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Adenocarcinoma of rectum (degenerative)

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

23. Signature John H. Brown (M. D. or other) _____

Address 860 Ogyle Bldg. Date signed 9/17/43

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.....

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.