

91150

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. **5027**

FILED DEC 22 1943 49

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:  
**630 Myrtle**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **17 Years**  
years, months or days

**3. (a) PRINT FULL NAME:** **Clara D. McNeese**  
**3. (b) If veteran, name war:** **No** **3. (c) Social Security No.:** **No**

**4. Sex:** **Female** **5. Color or race:** **White** **6. (a) Single, widowed, married, divorced:** **Married**  
**6. (b) Name of husband or wife:** **Jesse McNeese** **6. (c) Age of husband or wife if alive:** **53** years  
**7. Birth date of deceased:** **June 4 1875**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>68</b>	<b>5</b>	<b>23</b>	hr. _____ min.

**9. Birthplace:** **Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** **Housewife**

**11. Industry or business:** \_\_\_\_\_  
**MOTHER FATHER**  
**12. Name:** **Charles E. Rogers**  
**13. Birthplace:** **No Record**  
(City, town, or county) (State or foreign country)  
**14. Maiden name:** **Adeline Barns**  
**15. Birthplace:** **Pa.**  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** **Mr. Jesse McNeese**  
**(b) Address:** **630 Myrtle**

**17. (a) Burial (Burial, cremation, or removal):** **Memorial Park** **(b) Date thereof:** **11-29-1943**  
(Month) (Day) (Year)

**18. (a) Signature of funeral director:** **Mrs. C.L. Forster**  
**(b) Address:** **Kansas City, Missouri**

**19. (a) 11-29-43 (Date received local registrar):** **(b) D. 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. **630 Myrtle**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **November** day **27th**,  
year **1943** hour **5** minute **15 P.** M.  
**21. I hereby certify that I attended the deceased from:** **Sept 25 -**  
**1943** to **Nov 27** **1943**  
that I last saw her alive on **Nov 25** **1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial Infarction + Aortic Stenosis 2 yrs**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: **11215**  
(Include pregnancy within 3 months of death)

**Duration**  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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

**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)  
(a) Means of injury \_\_\_\_\_  
**23. Signature:** **P. L. Brown** (M. D. or other)  
Address **5242** Date signed **11/29-43**

Dr. St. Clair

~~Theron R. Redmon~~ Bethel  
101 - 101-238-2423  
Call Dr. at 4782

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: Theron R. Redmon

Licensed Embalmer No. 2737

P. O. Address F.C. Md.

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.